

USING *Loving Support*® TO MANAGE
PEER COUNSELING
PROGRAMS



A TRAINING CURRICULUM DESIGNED FOR MANAGEMENT
STAFF OF THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS, AND CHILDREN (WIC)

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CD-ROM Contents

POWER POINT PRESENTATION #1

“Using *Loving Support* to Manage Peer Counseling Programs”

(1-day training program for State/local agency management staff and administrators)

POWER POINT PRESENTATION #2

“Peer Counseling: Making a Difference for WIC Families”

(1-hour orientation program for local WIC clinic staff and community groups)

MATERIALS

REPRODUCIBLES

3A – Sample Peer Counseling Program Budget
3B – Sample Peer Counseling Contract
4A – Sample Summary of Planning Activities
4B – Sample Referral Form
5A – Sample Peer Counseling Recruitment Flyer
5B – Sample Peer Counselor Application
5C – Sample Peer Counselor Interview Guide
6A – Sample Peer Counselor Job Description
6B – Sample Peer Counselor Contact Log
8A – Sample Peer Counselor Supervisor Job Description
8B – Sample Peer Counselor Weekly Activity Report
8C – Sample Confidentiality Agreement
9A – Sample Senior Peer Counselor Job Description

HANDOUTS

Handout #1
Handout #2
Handout #3



General Curriculum Overview

“Using *Loving Support* to Manage Peer Counseling Programs” was produced by Best Start Social Marketing through a cooperative agreement with the Department of Agriculture, Food and Nutrition Service, for use by State and local WIC agencies in implementing and enhancing breastfeeding peer counseling programs.

The curriculum was developed following extensive in-depth interviews with WIC State and local level administrative staff, as well as peer counselors, in all geographic regions of the country. Interviews were conducted with WIC programs currently providing peer counseling, those that have discontinued their peer counseling programs, and those that have not yet implemented peer counseling. Research also included interviews and assessments of current WIC and non-WIC breastfeeding peer counseling programs.

Research findings identified barriers to implementing and sustaining breastfeeding peer counseling programs in WIC, as well as successful strategies that can be replicated by WIC programs. The curriculum was developed to address these barriers and to share common successes that can be used to implement and enhance peer counseling programs nationwide.

“Using *Loving Support* to Manage Peer Counseling Programs” contains the following:

- **MANUAL** with comprehensive speaker notes, instructions for activities, and discussion questions to consider in providing this training to local staff
- **POWER POINT PRESENTATION** to be used in presenting the training to local agency staff
- **CD-ROM** with two Power Point presentations and Word format reproducible forms and handouts that can be tailored to meet State and local needs

Curriculum contents, including the Power Point presentations, are the property of the United States Department of Agriculture, and as such, State and local WIC agencies have the right to duplicate materials as needed for training staff and implementing peer counseling programs on the State and local level. No part of this curriculum may be sold.

Acknowledgements

CURRICULUM REVIEW PANEL

Special appreciation is expressed to review panel members who provided input and feedback for the development of the curriculum. Representatives from the following programs participated:

CALIFORNIA WIC – Linnea Sallack

COLORADO WIC – Jennifer Dellaport

EASTERN BAND OF CHEROKEE INDIANS – Teresa Bryant

MICHIGAN WIC – Diane Ayers

NEVADA WIC – Anne Franz

TEXAS WIC – Jewell Stremmer

VERMONT WIC PROGRAM – Karen Flynn

CHICAGO HEALTH CONNECTION – Rachel Abramson and Jeri McKinley

FLORIDA PREVENTION RESEARCH CENTERS – Kelli McCormack-Brown

NATIONAL WIC ASSOCIATION – Cecilia Richardson

IOWA WIC PROGRAM

USDA also thanks the Iowa WIC Program for arranging for the curriculum to be pilot tested with 4 State and local WIC agency sites through fiber-optic technology. Sites represented both urban and rural settings, as well as agencies serving varied population groups.

WIC PEER COUNSELING PROGRAMS

The following WIC programs also provided materials that have been adapted and provided as reproducible resources on the curriculum CD-Rom:

PEER COUNSELOR CONTRACT

adapted from Massachusetts WIC and Mountain Plains Region

PEER COUNSELOR APPLICATION

elements adapted from Texas and Virginia WIC and Mountain Plains Region

JOB DESCRIPTIONS

elements adapted from Texas, Virginia, New York, and Indiana WIC and Mountain Plains Region

PEER COUNSELOR CONTACT LOG

elements adapted from Mississippi, New York, and District of Columbia WIC

PEER COUNSELOR WEEKLY ACTIVITY REPORT FORM

adapted from Mississippi WIC

REFERRAL FORM

adapted from Indiana WIC

CONFIDENTIALITY STATEMENT

adapted from Virginia WIC

Training Checklist

AUDIO-VISUAL EQUIPMENT

- Laptop computer with Power Point
- LCD projector for Power Point
(or overhead projector with slides printed as transparencies)
- TV/VCR or VCR to connect to projector
- Screen or white wall

TRAINING MATERIALS AND SUPPLIES

- Training manual with speaker notes and instructions
- CD-ROM with training presentation
- Poster sized flip chart pad (with markers)

PARTICIPANT MATERIALS

- Power Point handout (printed 3 to a sheet for note taking)
- Pen and paper
- Training agenda
- Strategy formation worksheets

REGISTRATION MATERIALS

- Sign-in sheets
- CEU sign-in forms and certificates
- Nametags

SECTION 1 PROJECT OVERVIEW



TIME: 15 minutes
OBJECTIVES: Describe the vision of the Food and Nutrition Service for breastfeeding peer counseling in the WIC Program.

SLIDE #1 **SECTION 1 – PROJECT OVERVIEW**
Welcome to Using *Loving Support* to Manage Peer Counseling Programs.

SLIDE #2 **USING *LOVING SUPPORT* TO IMPLEMENT BEST PRACTICES IN PEER COUNSELING**
WHAT TO TEACH: Using *Loving Support* to Implement Best Practices in Peer Counseling is an FNS training and technical assistance project designed to equip WIC Programs with a framework to aid in designing, building, maintaining, and sustaining peer counseling programs.

SLIDE #3 **USING *LOVING SUPPORT* TO IMPLEMENT BEST PRACTICES IN PEER COUNSELING**
WHAT TO TEACH: This project responds to an FNS need for development of a comprehensive peer counseling program that can build upon the momentum of our national *Loving Support* Makes Breastfeeding Work campaign, and enhance the continuity of WIC's current breastfeeding management and counseling efforts.

SLIDE #4 **WELCOME FROM PATRICIA DANIELS, NATIONAL WIC DIRECTOR**
WHAT TO TEACH: Let's take a few minutes to watch a video welcome and introduction from Patricia Daniels, National WIC Director. She'll talk to us about the vision of the Food and Nutrition Service for breastfeeding peer counseling in the WIC Program, and welcome you to this important effort to expand WIC services for moms and babies.

SHOW VIDEO **INSTRUCTIONS:** Play the video message from Patricia Daniels, National WIC Director. Or read the script from the video below.

Good morning. Welcome to Using *Loving Support* to Manage Peer Counseling Programs. I thank you for taking time out of your busy schedules to come here today. Your presence shows your commitment to implementing or enhancing an effective peer counseling program in your State that will help WIC achieve its goals to further increase breastfeeding rates among participants.

We are proud of WIC's accomplishments in promoting, encouraging and supporting breastfeeding as the preferred method of infant feeding. Between 1996 and 2001, WIC breastfeeding rates have increased at a faster rate than in the non-WIC population. Our long-range goal is to institutionalize peer counseling as a core service in WIC as a

strategy to further increase breastfeeding rates. By adding the unique benefits that mother-to-mother support can contribute to our current breastfeeding promotion and support efforts, I believe we will see WIC moms breastfeeding at even higher rates in the coming years. Although we have a long way to go to accomplish this in every agency across the country, we are planting the seeds to help make this a reality.

We are pleased that Congress has provided WIC with funding for our efforts with peer counseling. These funds were specifically appropriated for the purpose of supporting breastfeeding peer counseling in the WIC program. Our primary goal is to ensure that the peer counseling funds are used to support a research-based model that is appropriate for the WIC clinic environment. In 2003, FNS entered into a cooperative agreement with Best Start Social Marketing to gather information from current WIC and non-WIC peer counseling programs. This helped us obtain a clear understanding of the components necessary to sustain effective peer counseling programs, and how to structure these programs so they are cost effective and manageable.

Using this information, we've developed two training sessions to assist WIC State agencies in designing, building, and sustaining a peer counseling program. Today's training—"Using *Loving Support* to Manage Peer Counseling Programs"—is designed for State-level management staff. As you will learn today, the research is clear that management and support from WIC administrators is critical to achieving long-term sustainability of peer counseling programs. I asked that this session be developed so that our WIC Directors and management staff have the opportunity to hear what FNS has learned about the components necessary for a successful breastfeeding peer counseling program, and to use this information to implement or enhance a peer counseling program that is consistent with this model.

I am excited and pleased about the information, resources and materials you will be receiving in today's training and I believe you will be as well. I thank all of you who participated in the information-gathering interviews this past fall. We obtained valuable information from you that helped guide the development of an FNS model for a successful peer counseling program. I'd also like to thank those of you who participated in the expert review panel in February that provided very useful advice and guidance on the training curriculum. And finally, I'd like to thank the wonderful people in the Iowa WIC program who piloted this training program for us in May. They also provided us valuable feedback for today's training session.

Thank you for coming today and thank you for being a part of this important effort to expand WIC services for moms and babies.

SLIDE #5**TRAINING SESSION #1: USING *LOVING SUPPORT* TO MANAGE PEER COUNSELING PROGRAMS**

WHAT TO TEACH: As Pat mentioned, today's training, Using *Loving Support* to Manage Peer Counseling Programs is designed for State-level management staff. It is one of seven regional trainings being held this summer. The training is packaged for you in a format that will enable you to go back and train local level management staff.

SLIDE #6**TRAINING SESSION #2: *LOVING SUPPORT* THROUGH PEER COUNSELING**

WHAT TO TEACH: The second training—*Loving Support* Through Peer Counseling—will be provided in the spring of 2005. The training is designed for State and local staff involved in training peer counselors. The training will be presented via a strong interactive, facilitated learning approach that focuses on skills building, and will be in a train-the-trainer format. Training dates and additional information about this training will be provided in the fall of 2004.

SLIDE #7**WHAT TO EXPECT**

WHAT TO TEACH: Today's training will include the areas that you told us were most important for a successful peer counseling program. The agenda provides a list of the key topic areas that emerged from the research as the most critical components. You'll enjoy a wide variety of learning activities including large and small group activities, and lots of discussion. All of this will help build toward program planning specific to your State agency.

You'll also receive a wealth of helpful start-up tools and resources to guide you in your planning. This includes:

- Comprehensive speaker notes, instructions for activities, and discussion questions to consider in providing this training to State and local staff
- A complete Power Point presentation of the training program
- A CD-Rom with a host of Word format reproducible forms and handouts that can be tailored to meet State and local needs

SLIDE #8**QUESTIONS?**

WHAT TO TEACH: Many of you may be feeling both excited AND a bit apprehensive about the training and what it will entail. We want to reassure those of you who do not currently provide peer counseling that this training will provide you with practical steps to implement a peer counseling program. For those of you who already have existing peer counseling programs, we encourage you to think about how the successful components of a peer counseling program presented today

could be used to enhance or expand your program. We think you will enjoy today's training and gain a lot from the information presented.

Opportunities for questions are provided throughout the training today. In addition, there will be opportunities to discuss your State specific questions with FNS during the program planning phase this afternoon, as well as after the training ends.

Address logistics (restrooms, lunch arrangements, etc.).

SECTION 2

PEER COUNSELING: MAKING A DIFFERENCE FOR WIC FAMILIES



TIME: 30 minutes

OBJECTIVES: Learn at least two ways peer counseling programs can influence breastfeeding initiation and duration rates in the WIC population.

SLIDE #1 SECTION 2 – PEER COUNSELING: MAKING A DIFFERENCE FOR WIC FAMILIES

SLIDE #2 MEMORY GAME

ACTIVITY **OBJECTIVE:** To understand that we remember information we relate to.
TIME: 3 minutes

DIRECTIONS: Give participants 5 seconds to memorize 4 sequences of letters on the slide: SQR, BTM, DXT, RFG. Cover the slide and ask them to write down the letters. Now bring up a slide with another sequence of letters and give them 5 seconds to memorize: ABC, SOS, PMS, IRS. Cover the slide and ask them to write down the letters.

DISCUSS: How many did you get correct this time? Why was it easier to remember the second set of letters?

WHAT TO TEACH: The second set of letters MEAN something to us. Many of us can relate to PMS and to the IRS, but have a hard time relating to something as ambiguous as “SQR.” In the same way, peer counseling can be a powerful service in your WIC breastfeeding promotion and support program because peer counselors help relate to the women in your community.

SLIDE #3 WHO ARE BREASTFEEDING PEER COUNSELORS?

WHAT TO TEACH: Peer counselors are generally women in the community with personal breastfeeding experience who provide information and support to WIC mothers. Peer counselors help prevent and manage common breastfeeding concerns and become a friend to mothers, offering support and encouragement. Peer counselors also form important links to health services in the community. Later, we will talk more about some of the important criteria to look for in hiring peer counselors.

SLIDE #4 THE POWER OF MOTHER-TO-MOTHER CONNECTION

DISCUSS: Who do you tend to talk with if you are having a problem at work? [A coworker or someone else who understands your work environment.] Who do you turn to if you are having a problem with your teenager? [Another parent of a teenager.] Who do men talk with to discuss the latest football game? [Another sports enthusiast.] Why?

WHAT TO TEACH: It's human nature to seek out people who share our experiences in life. Women, in particular, tend to deal with stresses in their lives by talking with other women. This can be much more important when women face the new challenge of being a parent, especially for the first time. New mothers often feel very vulnerable. Much of a woman's self esteem is tied up in how well she does as a mother. She has brought this baby into the world to love and to nurture and she feels an enormous responsibility to do the job well. Confidence is critical, and many new mothers lack it. This is why many women tend to turn to their own mother or to other female relatives for help. She longs for that powerful connection she shares as part of a sisterhood of other women who have been down her road before. If the women in her life did not breastfeed or had bad experiences with breastfeeding, it can be very discouraging. Peer counselors help step in to fill that void of mother-to-mother connection, which gives women confidence that they, too, can breastfeed.

SLIDE #5**HOW PEER COUNSELORS HELP**

WHAT TO TEACH: Peer Counselors are in a powerful position of trust with new mothers. As a peer, they are someone who mothers can relate to and feel comfortable sharing concerns with. They serve as a model for what breastfeeding can be like, which is very important among women who may never have seen breastfeeding before or do not know anyone who has ever done it. They also help mothers prevent and manage common problems that may occur, offering basic advice and helping mothers see practical strategies. Over time, they provide ongoing encouragement. Often, peer counselors are the only people in a woman's life who encourage her to continue breastfeeding.

Peer counselors also provide an important link to other health services in the community, including the WIC program, social services, and referrals to health programs that can assist the family. They fill that all important gap in services that often occurs between hospital discharge and return to WIC for certification of the infant. By initiating contacts with new mothers, they help provide for seamless continuity of care.

SLIDES #6-7**IT WORKED FOR US!**

WHAT TO TEACH: Texas WIC has been tracking breastfeeding rates in their local agencies providing peer counseling since 1990. They found significant improvements in rates both in urban areas such as Houston, and among more rural areas.

SLIDE #8**ARE PEER COUNSELING PROGRAMS EFFECTIVE WITH DIVERSE POPULATION GROUPS?**

OBJECTIVE: To help participants discover for themselves key findings in the research related to the impact of peer counseling on disadvantaged population groups.

ACTIVITY	EVALUATION OF PEER COUNSELING PROGRAMS TIME: 10 minutes
HANDOUT #1	<p>DIRECTIONS: Ask participants to select ONE of 5 abstracts of peer counseling program evaluations included in their manual. Allow participants around 3 minutes to read over their abstract. Then ask participants to craft a “teaser” headline that could appear on the 10 o’clock news regarding that abstract.</p> <p>DISCUSS: What are the common findings from these studies? [Peer counseling seems to work in varied population groups. Peer counseling programs improve both initiation and duration rates. Frequent contacts from a peer counselor make a difference in breastfeeding rates.]</p>
SLIDE #9	<p>RESEARCH WITH WIC PROGRAMS</p> <p>WHAT TO TEACH: As a part of the “Using <i>Loving Support</i> to Implement Best Practices in Peer Counseling” project, FNS asked Best Start to interview WIC State and local management staff, as well as peer counselors, in all geographic regions of the country. More than 125 in-depth interviews were conducted with WIC programs that currently provide peer counseling, those that do not provide peer counseling, and those who once offered peer counseling but have since discontinued it. Interviews were also conducted with non-WIC programs that provide peer counseling. In addition, Best Start conducted a thorough review of all known current curriculum programs being used both in WIC and non-WIC settings. The findings from these interviews form the basis for this training program. The key findings addressed by the research are interspersed throughout this training. Slides labeled “It Worked for Us!” give examples of promising practices that can serve as models for designing or enhancing your program.</p>
SLIDES #10-11	<p>RESEARCH OBJECTIVES</p> <p>WHAT TO TEACH: The research objectives for the project are to better understand the perspectives of both management and direct services staff regarding peer counseling programs and to find out what contributes to the success and demise of peer counseling programs. The research was also directed to identifying barriers to implementing and sustaining programs and obstacles to WIC setting up collaborative partnerships for peer counseling in the community.</p>
SLIDE #12	<p>CURRENT PROGRAMS IN WIC</p> <p>WHAT TO TEACH: The research found that programs that currently provide peer counseling have varied ways of administering their programs, so there is not really one right way to do it. Some programs are administered at the State level. Others are administered at the local level and include local breastfeeding consortiums involved in grant writing and direct services.</p>

Specific findings are interwoven throughout the curriculum. However, current programs offering peer counseling agree on the factors that seem to contribute most to success:

- Program leadership and support from management and local level WIC staff
- Standardized training programs that include the local staff
- Extensive cross-training, so that peer counselors are very familiar with WIC issues and WIC staff are trained in breastfeeding support
- Adequate funding to maintain the program
- Methods to retain peer counselors for program stability

SLIDE #13**CURRENT PROGRAMS IN WIC**

WHAT TO TEACH: Key barriers to implementing and sustaining peer counseling programs also seem to be common. These include:

- Maintaining a consistent funding stream
- Limited time and staff for program management
- Limited availability of potential peer counselors in areas where breastfeeding rates are lower
- Lack of support from local level WIC staff
- Language barriers
- Inadequate supervision and recruitment at the outset leading to poor retention and stability

SLIDE #14**WIC PROGRAMS THAT DO NOT OFFER PEER COUNSELING**

WHAT TO TEACH: Programs that currently do not provide peer counseling typically indicate they are interested in providing peer counseling, but are concerned about such issues as:

- Having the staff to manage the program
- Finding peer counselors within the community
- Gaining the support needed among staff
- Finding a training curriculum
- Forging partnerships in the community

Despite the barriers, these programs do indicate a keen interest in beginning peer counseling.

SLIDES #15-16**WIC PROGRAMS THAT DISCONTINUED PEER COUNSELING**

WHAT TO TEACH: WIC programs that discontinued their peer counseling programs shared common issues that contributed to their demise:

- Relying on volunteer peer counselors who did not stay with the program very long, causing many issues with turnover
- Training and supervising new staff
- Advocacy of a particular breastfeeding “advocate” or “champion” without full buy-in from other program staff so if this “champion” left the program or moved from the area, it seemed to crumble

However, these programs also felt that they would like to someday reinstitute peer counseling because they know its value in supporting WIC clients. To do so, however, they would like to be better prepared next time: to have solid training programs in place, funding options worked out, and resources and tools to guide them.

SLIDE #17**COMMON BELIEFS ABOUT PEER COUNSELING**

WHAT TO TEACH: Despite the barriers, most WIC programs that currently provide peer counseling believe it is worth the effort. Administrators believe that peer counseling programs:

- Improve breastfeeding initiation rates among WIC mothers who might ordinarily have never made the decision to breastfeed
- Improve duration rates by helping mothers “hang in there” when the going gets tough
- Leverage peer counselors as a valuable part of the overall WIC team, providing referrals to WIC and ongoing promotion of the positive aspects of the WIC Program
- Increase WIC enrollment and participation rates because peer counselors serve as front-line staff reminding clients of the importance of WIC
- Reduce work loads for other clinic staff by providing the focused one-on-one counseling to help mothers address their unique barriers to breastfeeding

SLIDE #18**BENEFITS TO PEER COUNSELORS**

WHAT TO TEACH: The program also has significant advantages for the peer counselors. One of the most common benefits is that their own personal breastfeeding duration rate is lengthened as they learn more about the importance of breastfeeding and as they enjoy the support for breastfeeding within the WIC program. They also gain a tremendous sense of accomplishment and enjoy the reward of making a difference in the lives of other mothers. Since for many peer counselors this is often their first real job, peer counseling is a way of learning new job skills and growing professionally and personally in ways that change their lives forever.

SLIDE #19

IT WORKED FOR US!

WHAT TO TEACH: Success is also measured in the impact of peer counseling on the lives of WIC participants themselves, whose breastfeeding experience may dramatically change because a peer counselor was there for her.

Read note from a WIC client below, or ask someone in the room to read a quote from a mother whose breastfeeding experience was positively impacted by the help and support received from a peer counselor.

The best benefit of the peer counselor program is the follow-up visit and phone calls. You have so many more questions and concerns at home than in the hospital. With the calls from my peer counselor, I was able to ask questions as they came up, and she really made me feel free to call her whenever necessary. I have now completed one year of nursing my child. I feel that success is owed to the program, because I had someone to help me, to answer my questions, and to ease my concerns.

– WIC Client

SECTION 3 MANAGEMENT CONSIDERATIONS



TIME: 45 minutes

OBJECTIVES: Identify at least three factors integral to the success of implementing and sustaining a breastfeeding peer counseling program in WIC.

SLIDE #1 SECTION 3 – MANAGEMENT CONSIDERATIONS

SLIDE #2 **START SMALL!**

WHAT TO TEACH: Some WIC programs have said that the hardest part of getting a peer counseling program started...was simply getting started! There are many issues to think through, but establishing appropriate policies and adequately preparing local agencies will pay off in the long run and be more likely to assure success of the program.

Most WIC agencies that provide peer counseling recommend starting small and piloting the program in one area of the State. This can be important in working out program policies and procedures and assessing needs of program supervisors and peer counselors. Starting small also provides the opportunity to gain a quick success that can be positively and more easily replicated in other areas of the State.

SLIDE #3 **WHERE TO BEGIN?**

WHAT TO TEACH: In piloting a program, take a look at the communities around your State and assess several key factors.

BREASTFEEDING RATES

Although many managers are inclined to begin peer counseling in an area of the State where rates are lowest, most programs have actually found it best to start where the rates are higher. One reason is that there is a larger pool of potential staff who have personally breastfed to draw from in recruiting and hiring peer counselors. Also, in areas where breastfeeding rates tend to be higher, there is often also a corresponding availability of other knowledgeable breastfeeding resources, including lactation consultants.

WIC STAFF INTEREST IN PEER COUNSELING

In starting a brand new program, it is also important to seek out areas where the local WIC clinic staff seem interested and enthusiastic about supporting a peer counseling program. Without local WIC support, peer counseling programs have had greater difficulty thriving.

POTENTIAL PARTNERSHIPS WITHIN THE COMMUNITY

Peer counseling works best when it is part of an overall referral network within the community where mothers have the potential

for seamless follow-up care between WIC clinics, hospitals, and other organizations that serve the same population as WIC.

AVAILABILITY OF BREASTFEEDING RESOURCES

Peer counselors cannot operate in a vacuum. The research is clear that peer counselors depend on having qualified experts to turn to with their breastfeeding questions and to refer mothers who are having breastfeeding difficulties beyond the “basics” which are outside the peer counselor’s practice parameters.

Some of these referral sources can include the WIC State or local level Breastfeeding Coordinators, breastfeeding educators, nutritionists, nurses, or other health professionals such as International Board Certified Lactation Consultants (IBCLCs) who are trained and equipped to handle high-risk breastfeeding situations. This will go a long way toward helping peer counselors establish the referral network needed to make peer counseling a success. Training personnel WITHIN the WIC program to become lactation consultants is also an outstanding way to build breastfeeding experts from within WIC.

SLIDE #4

IT WORKED FOR US!

WHAT TO TEACH: The Indiana WIC Program took to heart this concept of nurturing breastfeeding experts from within existing personnel. Using Operational Adjustment Funding from their region, Indiana provided a week-long breastfeeding training program in several regions of their State and provided direct assistance to staff to prepare them for sitting for the IBCLC exam. This past March 2004, Indiana celebrated the international IBCLC Day by welcoming 30 new lactation consultants from among their WIC program staff.

SLIDE #5

CONDUCTING A NEEDS ASSESSMENT

WHAT TO TEACH: A needs assessment can be invaluable in helping you prepare an “inventory” of available resources before implementing a peer counseling program. Identifying availability and access to resources will enhance the planning process as needs and gaps in resources become evident. A needs assessment will also provide you with evaluation standards which can become part of the protocols for your plan. Some items to consider in preparing a needs assessment:

IDENTIFY NEEDS OF THE TARGET POPULATION OF WIC MOTHERS

Examine such things as transportation issues within the community that may make it difficult for WIC mothers and peer counselors to connect. Assess the general community support for breastfeeding.

IDENTIFY AVAILABLE RESOURCES

This can include such factors as whether there is room at the clinic for peer counselors to counsel mothers, telephone accessibility outside the

office (for example, long-distance calling issues), and availability of program resources such as pamphlets, and posters.

IDENTIFY EVALUATION STANDARDS

Consider availability of baseline data that can be used for future evaluation of the program. This includes breastfeeding initiation and duration data that is county or agency specific. As the program is planned, it will also be important to consider standards that can be used for process evaluation, such as documentation records that capture the number of contacts made by peer counselors, hours worked, and trainings attended.

SLIDE #6 REPRODUCIBLE #3A

HOW MUCH DOES IT COST TO PROVIDE PEER COUNSELING? SAMPLE PEER COUNSELING PROGRAM BUDGET

WHAT TO TEACH: Funding a peer counseling program involves costs for both management and peer counselors. Included on the CD-Rom is a Sample Peer Counseling Program Budget which may be adapted to your State or local agency situation.

SLIDE #7

MANAGEMENT COSTS

WHAT TO TEACH: Funding a peer counseling program involves costs for management and counselors. Management costs include wages for program supervisors and trainers, as well as program materials such as documentation forms. If States plan to conduct evaluation or tracking of the program, data entry charges may be another expense to consider.

SLIDE #8

PEER COUNSELING PROGRAM COSTS

WHAT TO TEACH: Peer counseling program costs include wages for peer counselors, travel reimbursements, and time spent traveling to and attending training events and monthly meetings. Many programs also choose to reimburse long-distance phone charges or to provide pagers for staff who are on call beyond regular clinic hours. Programs also need to account for training program materials for peer counselors, educational resources, and postage expenses if peer counselors are mailing items from home.

SLIDE #9

SHOULD PEER COUNSELORS BE PAID?

DISCUSS: What advantages and disadvantages can you see in paying salaries to peer counselors?

WHAT TO TEACH: The research with both current programs and agencies that were forced to discontinue their programs found that paying peer counselors was a KEY factor in successful, sustainable programs. The many advantages include the ability to:

- Attract qualified candidates

- Communicate the value and role of the position, both to the peer counselor, to her family, and to the local WIC staff
- Gain full dedication and commitment from peer counselors
- Improve retention of experienced peer counselors
- Establish the position within the agency's personnel system
- Legitimize the role of peer counselors within the WIC breastfeeding program and system

Although some programs have used volunteer positions, most of these have reported extremely high turnover rates that can be quite costly for program managers in continually recruiting, hiring, and training new staff. Some believe volunteer positions led to the demise of their program. Some programs believe that not paying peer counselors also sends a message to staff that the job is not very important, leading to discontinuity of care and services.

SLIDE #10

HOW MUCH TO PAY PEER COUNSELORS

WHAT TO TEACH: Many current peer counseling programs reported that they pay their peer counselors the same general hourly part-time rate typical of other entry level positions such as WIC clerical positions. This is often around \$5.50 to \$7 per hour. **However, nearly all programs share the belief that peer counselors should be paid more to aid with retention.** Research with peer counselors and staff alike found that most peer counselors often donate many hours of time they never charge for, make themselves available to mothers beyond usual WIC clinic hours, and even purchase materials and resources on their own.

Those programs that provide career paths will often pay \$3-4 more an hour for more highly trained staff providing more advanced level care.

Some programs also provide travel allowances when peer counselors are asked to make home or hospital visits, and provide other basic reimbursements such as long-distance telephone charges, and registrations and travel expenses for breastfeeding workshops and conferences.

SLIDE #11

PERSONNEL OPTIONS

WHAT TO TEACH: WIC programs have found creative ways to bring peer counselors into the WIC agency system, ranging from salaried positions and contractual staff to hiring community workers.

DISCUSS: What are some advantages and disadvantages of each of the following options?

[Ask group to discuss each option as it comes up and then use the slide to “fill in” with additional information not covered.]

SLIDE #12**SALARIED EMPLOYEES**

WHAT TO TEACH: The advantage to hiring peer counselors as State or local agency employees is that they are officially recognized members of the WIC team and, therefore, are often entitled to the same raises and benefits programs as other employees. It can also provide for liability coverage for peer counselors.

Disadvantages are gaining authorization for new positions, securing part-time positions, and the long lead-time needed to fill vacancies within a State health system. Some programs report it can take months to fill a new position, which means that huge gaps can result in the seamless care needed to support new mothers. Also, hiring peer counselors as part of the State employee system can mean that local agencies are more limited in work settings and policies affecting peer counselors. And, if a peer counselor does not work out, or if the case-loads fluctuate and not all peer counselors are needed, there is often little flexibility in termination and reassignment of peer counselors.

SLIDE #13**REPRODUCIBLE #3B****HOURLY, PART-TIME CONTRACTORS****SAMPLE PEER COUNSELING CONTRACT**

WHAT TO TEACH: Many States have gone with contractual employees, believing this affords them the flexibility of setting standards and program protocols and allows peer counselors to work more flexible part-time hours. Contractual employees are paid based on the jobs they complete as opposed to being paid standard salaries, enabling the organization to expand staff to accommodate workload demands. Contractual work is also popular with the peer counselors when it enables them to continue working at home and to set their own hours. It makes hiring and terminating employees much easier and quicker, and affords better opportunities for shared partnership with other organizations.

The disadvantage is that contract employees may not be eligible for benefits, and State contractual authority may be limited or nonexistent.

Some “needs” considerations for contract employees:

- Assigned duties within clear parameters of the job assignment
- Documentation of performance
- Frequent periodic performance appraisals and monitoring, as contract workers may require more supervision
- Standard, regulated time-keeping systems
- Orientation for other employees and staff

SLIDE #14**COMMUNITY HEALTH WORKERS**

WHAT TO TEACH: WIC programs that hire peer counselors as community health workers can enjoy increased access to intra-agency supports and easier ability to provide Human Resources protection and a “career path” that may be beneficial in retaining experienced peer counselors. It may ultimately help in reduction of turnover rates. The disadvantage is that WIC may lose some control over implementation of standardized protocols and procedures for how peer counselors should operate.

SLIDE #15**IT WORKED FOR US!**

The Michigan WIC Program collaborates with its State’s Cooperative Extension Service to provide a breastfeeding peer counseling program. The Extension Program does the work of hiring and supervising staff, and WIC provides the initial training and start-up funds.

SLIDE #16**LIABILITY**

WHAT TO TEACH: State, territory, and tribal laws vary considerably regarding the liability of healthcare professionals. Program managers must be aware of State laws, and should direct questions to the human relations or personnel division of your agency. In many cases, the local agency is liable for actions and advice of its employees, contract workers, and volunteers.

However, many programs reported that liability concerns were not insurmountable obstacles. Most programs found that when peer counselors operate within a clearly defined SCOPE OF PRACTICE, they are protected under the State or local agency’s liability insurance coverage. Again, it is imperative that each State identify these liability issues pertinent to your particular State.

A few things to consider in possibly reducing liability:

- Communicate job expectations clearly to the peer counselor, including conduct with clients both within and outside of the clinic
- Provide ongoing guidance and supervision to ensure that peer counselors operate strictly within the program’s identified scope of practice
- Implement appropriate training for peer counselors, including initial training as well as regular, ongoing training
- Create a system to monitor the work of peer counselors
- Maintain accurate records of all client contacts
- Require peer counselors to sign a confidentiality statement (discussed in more detail later)

SLIDE #17

WIC STATE OFFICE SUPPORT

WHAT TO TEACH: A third issue to address is structure of the program at the State or local level. Research with State and local WIC agencies found that programs with State office support and standards had improved chances of succeeding over programs that were totally left to the discretion of local agencies. Local agencies left to “fend for themselves” often felt overwhelmed in establishing and implementing appropriate procedures and policies. Lack of support can lead to a feeling of isolation in addressing program needs.

Although some programs, particularly in smaller State agencies, can be completely managed at the State level, other States choose to have programs implemented and administered at the local level, with strong State office support.

State office support involves many factors, including:

- Establishing a standardized training program that is evidence-based, user-friendly, and grounded in truly practical strategies needed by peer counselors to do their job
- Securing resources, including funding streams and breastfeeding program materials
- Establishing standardized program policies and procedures, including standard job descriptions, career path options, and documentation forms used to monitor work performance of staff that can be used for consistent statewide evaluation of the program’s success
- Remaining available for technical support

SLIDE #18

QUESTIONS

SECTION 4 GETTING STARTED



TIME: 30 minutes

OBJECTIVES: Identify at least three factors integral to the success of implementing and sustaining a breastfeeding peer counseling program.

SLIDE #1 SECTION 4 – GETTING STARTED

SLIDE #2 ADDRESSING ISSUES AT THE LOCAL LEVEL
REPRODUCIBLE #4A SAMPLE SUMMARY OF PLANNING ACTIVITIES

WHAT TO TEACH: The needs of local agencies should be thoroughly examined and addressed. These include:

CHOOSING A LOCAL LEVEL PROGRAM MANAGER

Most current programs administered at the local level are managed by a WIC local agency breastfeeding coordinator, peer counseling coordinator, nutritionist, or lactation consultant. Nutrition Service Standards recommendations for local level staff who coordinate breastfeeding promotion and support activities include the qualification of at least 1 year of experience in counseling women about how to breastfeed successfully, and participation in a State-approved training in lactation management. Having additional certification in lactation management, such as the IBCLC, CLC, or other certification in lactation management, brings the program into “best practice” status.

WORKING THROUGH CLINIC LOGISTICS

Help local agency staff address clinic issues that may impact the program. This includes identifying whether work space is available in the clinic for a peer counselor to see a mother one-on-one when needed. It is also helpful to examine the clinic appointment system to determine whether appointments for WIC maternity clients and breastfeeding clients can be grouped on particular days to maximize the peer counselor's time in the clinic.

EXPLORING CLINIC POLICIES

Local agency and clinic policies will also need to be identified and discussed as they relate to peer counseling. The two most common policies to examine are:

1. **CAN PEER COUNSELORS WORK FROM HOME?** Most current programs do allow peer counselors to work from home. If it's possible for your local agency, this can be a tremendous boost as it enables peer counselors to be more available to clients when they often need it most...evenings and weekends. It can also be very cost effective for a peer counselor to make calls from home and is certainly more convenient for her, making it possible for her to continue breastfeeding and parenting her own children.

2. **CAN PEER COUNSELORS BRING THEIR BABIES TO THE CLINIC?** Many current programs have established clinic policies that allow peer counselors to bring their breastfed infants in arms to the clinic when they are conducting face-to-face counseling with mothers. This allows them not only to maintain their own personal breastfeeding experience, but serves as a powerful and important “model” for other WIC mothers, many of whom have not actually “seen” anyone breastfeed before. Some programs also ask peer counselors to bring their breastfed babies to the clinic on busy maternity days as waiting room “plants.” Their job is to simply sit and breastfeed, and answer questions mothers might have about breastfeeding.

Other clinic policies should be explored such as peer counselors wearing nametags or appropriately colored medical garb and accessing and/or writing in patient charts.

SLIDE #3
REPRODUCIBLE #4B

ADDRESSING ISSUES AT THE LOCAL LEVEL

SAMPLE REFERRAL FORM

SETTING UP A REFERRAL SYSTEM

A referral system, both within the WIC clinic setting and within the community, will need to be examined. Peer counselors will depend on referrals from local clinic staff. Some States provide peer counselors with a monthly computerized printout of WIC mothers who have been certified as pregnant or breastfeeding. Peer counselors then initiate contacts with all mothers to assess their interest in breastfeeding and to determine the level of support needed. Even with a computerized list, however, peer counselors need ongoing referrals from local clinic staff as part of the usual WIC certification and nutrition education process. This includes passing along information about breastfeeding clients who might need breastfeeding support, and providing names of pregnant clients who are interested in learning more about breastfeeding.

Setting up a referral program within the community will also enhance the success of the program. This can include creating a system with the local hospital so that breastfeeding mothers can be followed immediately after discharge and identifying a referral stream with local providers who see WIC eligible breastfeeding mothers.

SLIDES #4-5

OBTAINING LOCAL WIC STAFF BUY-IN

ACTIVITY

OBJECTIVE: To identify successful strategies that have been used in the past to gain staff buy-in for program changes in WIC.

TIME: 15 minutes

DIRECTIONS: Divide participants into 6 equally sized groups. Each group will be assigned a different WIC policy or program change that may

have occurred within the last 10 years. The group should identify things that were done within the State or local agency to help ease the transition with staff and contribute toward greater staff buy-in of the program or policy. Participants who are newer to WIC and were not around when their assigned topic was presented should contribute suggestions of what **WOULD** be helpful in easing the transition.

TOPIC AREAS:

Group 1 – Changing over to a WIC automation system

Group 2 – Dealing with contract formula changes

Group 3 – Implementing new growth charts using BMI for 2 and older

Group 4 – Implementing new blood work requirements

Group 5 – Implementing the new immunization screening and referral policy

Group 6 – Developing breast pump programs using WIC food dollars

DISCUSS: Whenever you have had to make changes in WIC in the past, how did you go about getting staff to buy into it? How might these tactics be applied in selling staff on a peer counseling program?

[Post all answers on a flip chart. Discuss how these factors can also be applied in gaining staff buy-in for a peer counseling program. Refer to any of the items on slide #6 not covered in the discussion.]

SLIDE #6

OBTAINING LOCAL WIC STAFF BUY-IN

WHAT TO TEACH: Current programs and peer counselors alike agree that support from local WIC staff is vitally important to the success of the program. Support also makes a difference in the staff turnover rates, because it creates a climate where peer counselors feel valued as members of the overall WIC healthcare team.

Obtaining staff buy-in should be a key part of the peer counseling implementation plan undertaken by the State. This includes:

BASIC BREASTFEEDING TRAINING FOR WIC STAFF

Research conducted as part of the WIC National Breastfeeding Promotion Campaign (*Loving Support Makes Breastfeeding Work*) found that WIC clients were very discouraged when they received contradictory information about breastfeeding. Keeping everyone on the same “page” is important in building continuity of information. Consider offering basic breastfeeding training for WIC staff (including paraprofessional and clerical staff) or even including staff in the peer counseling training program being offered, so everyone will have the advantage of the same evidence-based information.

EDUCATE STAFF ON THE ROLE OF PEER COUNSELORS

ALL staff in the local clinics should be provided an orientation on the peer counseling program so they can learn more about why peer counseling is being implemented at their clinic, what the peer counselors will be doing, and what the role of staff may be in assuring success of the program. This can go a long way toward minimizing misunderstandings and building enthusiasm for the program.

DISCUSS CONCERNS

As a part of this education, address potential concerns staff may have about the program. The research with both current programs and those that discontinued their programs found that staff often have issues with peer counselors who are not professionals. Remind them that the purpose for peer counselors is to be a peer with the population group served by WIC and that as peers, they share similar issues such as transportation and childcare difficulties, financial strains, and lack of job experience and job skills. This can mean that peer counselors are not always very reliable at first or do not exhibit professional standards. By modeling professionalism, staff can help guide and build job skills of peer counselors. Inform staff that the supervisor will work with all peer counselors to guide and build professional development.

Another issue of staff is concerns over work settings and nonstandard hours worked by peer counselors. For instance, a peer counselor who only comes to the clinic one morning a week to see maternity clients or who comes to pick up referrals and then leaves, can be disheartening to staff who feel “stuck” in the clinic all day. Seeing peer counselors bring their infants to work can also be annoying to staff who did not have the opportunity to bring their children to work. It will be important to help staff understand that although it seems peer counselors come and go at will, their job of taking calls from new mothers at home can be quite challenging. When staff realize this, they often are grateful their job ends at 5 o’clock. Remind them, too, that peer counselors serve as breastfeeding “models” for new mothers, helping them to overcome their fears and concerns about public breastfeeding.

KEEP STAFF INFORMED

Encourage peer counselors to keep staff informed about their work activity, as well as the status of WIC clients they are following. They can provide frequent updates on WIC clients and let staff know about the education they are providing. Peer counselors should also be taught basic professional etiquette, such as contacting the clinic when they cannot come in, so that staff are kept in the loop.

EDUCATE PEER COUNSELORS ABOUT WIC

As a companion to communication, peer counselors should also be educated about the WIC program so that they better understand the roles of each of the staff members and how the program functions. Making appropriate referrals to the WIC Program helps staff begin to view peer counselors as “partners” who complement and reinforce their work with the clients.

SLIDE #7**POWER POINT PRESENTATION FOR LOCAL WIC CLINIC STAFF:
“PEER COUNSELING: MAKING A DIFFERENCE FOR WIC FAMILIES”**

WHAT TO TEACH: The CD-Rom provided in the training kit includes a one-hour Power Point presentation, “Peer Counseling: Making a Difference for WIC Families.” This presentation can be used to help orient local WIC clinic staff about the peer counseling program, and to solicit their support for the program. State and local agencies are encouraged to provide an onsite orientation to all clinic staff so they will receive standard, consistent information about the importance of peer counseling, and how these staff will be used to supplement WIC program services. (Note: Slide #3 in this presentation provides information about Healthy People 2010 goals for breastfeeding initiation and duration. To incorporate your State and local agency or local clinic data, double-click on the chart area, and plug in rates on the data grid.)

SLIDE #8**QUOTE:**

We work as a team at WIC. I seek the input from staff all the time. I think that was really, really important in making the program work.

– WIC Staff Member

SLIDE #9**PROMOTE THE PROGRAM!**

WHAT TO TEACH: Once program particulars have been worked out, make plans to actively promote the program within the community. Provide in-person orientations with providers at private clinics and hospitals. Announce the program with other public health programs and programs that serve similar population groups. Let people see how peer counseling will be used to build upon the existing successful breastfeeding promotion and support programs to provide mother-to-mother support new mothers seem to need to be successful with breastfeeding.

Promote the program, as well, with WIC clients so they are aware of the program and will not be suspicious of peer counselors. Post flyers about the program in the WIC clinic and give pregnant and breastfeeding mothers a pamphlet or information sheet about breastfeeding peer counseling so they will begin to associate peer counseling with improved WIC services. Having peer counselors

visit with mothers in the clinic either to provide one-on-one clinic counseling or to simply sit in the waiting room and talk with all moms can also be a way to educate clients about the program and build rapport.

SECTION 5 RECRUITING AND HIRING



TIME: 30 minutes

OBJECTIVES: List at least two qualifications to seek in recruiting and hiring peer counselors.

SLIDE #1 SECTION 5 – RECRUITING AND HIRING

SLIDE #2 THE IDEAL PEER COUNSELOR

GROUP ACTIVITY **OBJECTIVE:** To identify criteria to seek in potential peer counselors
TIME: 5 minutes

DIRECTIONS: Ask participants to turn to a partner and come up with at least 5 traits they think might be important in a potential peer counselor. Ask several to report their ideas and record on a flip chart. Add to the discussion by “filling” in with additional information that is not covered.

DISCUSS: How hard do you believe it is to FIND someone like this? Of these qualities listed, which ones would be most important in the person you ultimately hire?

WHAT TO TEACH: WIC programs currently successfully offering peer counseling programs are generally in agreement that several key characteristics are important. These qualities are generally thought of as ideal qualities for a peer counselor, knowing that sometimes sacrifices have to be made to provide for a peer counselor who meets other important criteria.

SLIDE #3 IDEAL QUALITIES TO CONSIDER

WHAT TO TEACH: The research with WIC programs found that staff consider the following criteria most important in hiring potential staff:

ENTHUSIASM FOR BREASTFEEDING

Many feel enthusiasm is half the battle and that if a woman is enthusiastic about breastfeeding, she can be taught what she needs to function well as a peer counselor.

COMMUNICATION SKILLS

Most program managers believe that at least basic communication skills are important. Basic communication skills can be defined as the ability to answer questions thoroughly, to clearly articulate information, and to be able to be clearly understood in her speech. Although counseling principles can be taught and practiced, a basic ability to communicate well and not being afraid to speak up about breastfeeding go a long way toward preparing a peer counselor for the job.

PRIOR BREASTFEEDING EXPERIENCE

Most programs believe that at least 6 months of previous experience is important, because it means the woman has worked through many of the early difficulties, and may be better able to relate to mothers as they continue breastfeeding their older infants. Some believe that having breastfed 6 months also may demonstrate a personal quality of perseverance that may help her stick with the peer counseling job.

CURRENT OR PREVIOUS WIC CLIENT

Most programs believe having been on WIC is a boost because it helps mothers better relate to their peers within the community and helps them better promote WIC because of having personally benefited from its services. Also, women who meet income guidelines for WIC have perhaps faced similar struggles of low-income families and can better offer breastfeeding solutions given the unique hardships that they face.

SAME ETHNIC BACKGROUND AS WIC MOTHERS

Many programs also believe that it is “ideal” if a peer counselor shares the same ethnic characteristics as the population group being served. However, many programs also find that the qualities of enthusiasm, passion, and listening are most important in establishing rapport with a new mother, and that if there is a choice between a good counselor who is not of the same ethnic background versus a less skilled counselor of the same background, the former is preferred.

LANGUAGE

All programs agree that it is important to identify peer counselors who speak the same language as the target group. Although interpreters and language lines can be of assistance, having a peer counselor who speaks the language is vitally important in helping the mother with her breastfeeding experience. Programs will, of course, need to identify whether the population of non-English speaking clients is sufficient to justify a peer counselor just for this group.

SLIDE #4**QUOTE**

Any time you are trying to encourage someone to do something out of her normal [experience]...and you have someone who is in the same culture or in the same age group... yeah, it's going to make a big difference if she chooses to breastfeed or not. I really believe that.

– WIC Peer Counselor

**SLIDE #5
REPRODUCIBLE #5A****RECRUITING PEER COUNSELORS WITHIN WIC
SAMPLE PEER COUNSELOR RECRUITMENT FLYER**

WHAT TO TEACH: Where do you find this kind of peer counselor? The first place to look is within your own population of WIC breastfeeding mothers! Peruse the database of breastfeeding mothers in your system

and begin identifying mothers who breastfed for long-term periods that you might draw upon. Ask clinic staff for their recommendations. Many times, these recommendations are the best way to identify good peer counselors because someone has spoken with them and has a sense of their personal charisma or character that makes the job hunting process a little easier. You can also post signs in WIC clinics, grocery stores or other places where WIC clients and families seem to go.

SLIDE #6**RECRUITING PEER COUNSELORS IN THE COMMUNITY**

WHAT TO TEACH: If your search within normal WIC channels turns up few leads, you can always turn to the community. The most productive place will probably be your local pediatric clinic. Nurses, in particular, may be very familiar with breastfeeding mothers they have seen on an ongoing basis that they believe might be interested in working with the program. Due to confidentiality laws, however, it may not be possible for them to give you contact information. You may need to allow them to send information about the program to their patients they feel might be interested. Posting signs in pediatric clinics may also be productive. Working with local La Leche League groups can also net you names of mothers. When all else fails, you can run an ad in the local newspaper. Be aware, however, that often this does not produce many responses or brings about responses from people who do not fully understand what the job entails.

SLIDE #7**REPRODUCIBLE #5B****THE APPLICATION PROCESS****SAMPLE PEER COUNSELOR APPLICATION**

WHAT TO TEACH: An application process provides potential peer counselors with the opportunity to communicate their strengths and weaknesses and shows them that this is a real job! It also gives you the chance to get to know them better and assess how they fit in with your health care team.

The application itself should be very simple and designed to gather basic information as a screening tool. Avoid trying to find out too much information about breastfeeding that peer counselors may not know since they have not yet been trained. The application can identify whether the peer counselor is available, whether she meets basic availability criteria, and whether she has a telephone at home for making calls or transportation to the clinic for training, staff meetings, etc. It identifies what she hopes to gain from the position and how her goals might mesh with your program goals.

SLIDE #8**REPRODUCIBLE #5C****THE INTERVIEW PROCESS****SAMPLE PEER COUNSELOR INTERVIEW GUIDE**

WHAT TO TEACH: The interview is designed to learn more about the enthusiasm and character of the peer counselor, to understand her

strengths and weaknesses, and to identify her interest in sharing her experiences with mothers.

SLIDE #9**INTERVIEW LOGISTICS**

WHAT TO TEACH: Keep in mind that an interview can be a frightening and stressful experience for any potential employee, and even more so for a WIC mother who may never have worked before. Keep the interview setting comfortable. Consider sitting at her level, rather than behind your desk, and avoid group interviews that may cause her to feel threatened. Use open-ended questions and active listening principles to affirm her. After all, if she is not hired, she still has the opportunity to continue being a peer to the mothers within her community, and she should be left feeling good about herself and breastfeeding in general.

SLIDE #10**OPEN-ENDED INTERVIEW QUESTIONS**

DISCUSS: What are some things you might learn about a candidate's ability to be a good peer counselor from her answers to the following questions?

- 1. TELL US ABOUT THE SUPPORT YOU HAD WHILE BREASTFEEDING.**

[Her response to this question will give you a clue as to whether she had support from her family and friends, who she turned to for help, and, if there was little support, how she responded to that lack of support. It may also tell you what efforts she is making to garner family support for working at home with this job.]

- 2. DESCRIBE ANY BREASTFEEDING CHALLENGES YOU MAY HAVE ENCOUNTERED. HOW DID YOU DEAL WITH THEM?**

[If she experienced problems, you may learn something about her work habits in dealing with challenges, as well as her commitment to breastfeeding. For instance, did she struggle alone or did she read current information or seek out help from a health professional or lactation consultant?]

- 3. WHAT DO YOU MOST HOPE TO GAIN FROM BEING A PEER COUNSELOR?**

[Her enthusiasm for the job may come out in response to this question. You may learn if she views this as merely a job or truly has a passion for talking about breastfeeding.]

SLIDE #11**HOW MANY IS ENOUGH?**

WHAT TO TEACH: Many successful programs believe that it is safe to recruit and train twice as many peer counselors as they think they will need. Some women, though passionate about breastfeeding and good peer counselor prospects, find they simply cannot realistically handle the added responsibilities of being a peer counselor. Some go through the training and decide that peer counseling is not really for them. It costs very little to include extra people in a training event.

The advantage, other than having a good pool of prospects on hand, is increasing the knowledge level of more women who will continue to support and encourage breastfeeding within the community.

SLIDE #12**HOW MANY IS ENOUGH?**

WHAT TO TEACH: There are no rules for how many peer counselors to hire. The number needed is extremely variable, depending upon a number of factors unique to the area, including the overall caseload of WIC clients and demographics of the community. For instance, if the community is rural and spread out, you might want to consider hiring a peer counselor who can cover 2 or 3 counties. If you have several area codes within your area, you may want to hire a different peer counselor for each telephone district to minimize long-distance calls needed. If transportation issues are apparent, it might be better to have a separate peer counselor in each small area. If you live in an urban area with a large pool of potential peer counselors, you might want to hire several peer counselors in key service areas or from various ethnic backgrounds. Or, you may want to hire peer counselors who can provide services to fulfill various client needs, such as a peer counselor who breastfed multiples to provide help to other mothers of multiples.

Consider also how they will be used. For instance, if they will primarily make home visits with all new breastfeeding mothers, you will need more peer counselor hours than if their primary role will be making telephone calls from home. Once you identify the number of peer counselor hours that might be needed, you can then decide how many counselors you will need, given the number of hours they can realistically provide.

Typically, a peer counselor who primarily works from home making telephone calls to pregnant and new mothers and is available to work around 10 hours per week should be given no more than 50 clients or so to begin with. As she grows in her knowledge and skills, both the supervisor and peer counselor can assess whether she can handle more.

Some programs recommend providing peer counselors with a mix of mothers within their caseload so they are not solely following pregnant women or solely following brand new breastfeeding mothers. This helps them to space out mothers who need intense follow-up versus mothers who require little contact.

SLIDE #13**TIPS TO HELP WITH CALCULATIONS**

WHAT TO TEACH: How many peer counselors will be needed to perform these types of basic support services? Because contacts with

new mothers are HIGHLY variable, depending on the extent of her problems, it is difficult to identify hard and fast rules. However, the following time allotments can be a general guide.

TELEPHONE CONTACTS – Allow for approximately 4-6 phone calls per hour (documentation time included).

HOME VISITS – Allow for around 2 hours per home visit (travel and documentation time included).

HOSPITAL VISITS – Allow for around 1 hour per 1-2 visits if she is making rounds. However, if a peer counselor encounters a mother having great difficulty and she is allowed to assist a mother with breastfeeding, these visits could be much longer. Travel and documentation would also increase the time if she is going to the hospital in response to a call by the hospital or a mother.

CLINIC VISITS – Allow for around 30 minutes per visit (documentation time included).

CLASSES AND SUPPORT GROUP MEETINGS – Around 2 hours (1 hour class, plus preparation and class set-up).

SLIDE #14

START SMALL!

WHAT TO TEACH: The best rule of thumb is to start small. As your program grows and as peer counselors grow in their own comfort with the program, they will be able to be more efficient at handling larger numbers of clients. As your program grows, however, a natural result is more breastfeeding women, which means you may need to consider hiring more peer counselors or increasing their hours so they can accommodate the growing needs within their community. A nice problem to have!

ACTIVITY

CALCULATE THE CASELOADS

OBJECTIVE: Engage participants in determining a formula to figure the number of peer counselor hours that might be needed for 3 different settings.

DIRECTIONS: Divide participants into groups of 3. Number off the groups (1-2-3). Each group will take a sample caseload scenario that corresponds to their number. After reading the key responsibilities, the group will identify a formula they feel will help them determine how many peer counselor hours are needed.

Have at least one group from each of the 3 scenarios report their calculations. Show each scenario on the appropriate slide and allow other groups to add additional thoughts.

CASELOAD SCENARIO #1

- Primary responsibilities – telephone counsel from home to pregnant and postpartum WIC clients, making appropriate referrals of mothers having problems, and documenting all contacts
- Caseload – 150 pregnant and 50 breastfeeding mothers

CASELOAD SCENARIO #2

- Primary responsibilities – senior peer counselor making home visits to WIC clients to counsel and assist women having breastfeeding problems
- Caseload – 150 pregnant and 50 breastfeeding mothers

CASELOAD SCENARIO #3

- Primary responsibilities – clinic waiting room counseling on maternity day, as well as individual counseling with pregnant mothers, clinic visits with mothers needing breast pump or other postpartum counseling, and telephone follow-up and counseling from home with pregnant and postpartum WIC participants
- Caseload – 150 pregnant and 50 breastfeeding mothers

SECTION 6 SCOPE OF PRACTICE



TIME: 45 minutes

OBJECTIVES: Identify at least three effective practice settings for peer counselors and strategies to improve the effectiveness of their work within each setting.

SLIDE #1 SECTION 6 – SCOPE OF PRACTICE

SLIDE #2 “DON’T TELL ME BREASTFEEDING IS NATURAL!”

HANDOUT #2 **OBJECTIVE:** Help participants identify basic breastfeeding education and support needs of new mothers during the early days.

ACTIVITY **DIRECTIONS:** Training team will provide a short skit about the plight of a new mother who does not believe breastfeeding is very natural. Participants should observe the skit and take notes regarding gaps in education and services received by the WIC client. Afterward, they may ask questions of the “mother” to find out more details of her experiences.

DISCUSS: What education and support services would have helped this mother have a more positive experience? **WHEN** did she need those education and support services? How could a peer counselor be used to help fill some of the gaps in her support network?

WHAT TO TEACH: Many breastfeeding mothers share Cammie’s experience. They enter pregnancy with a preconceived idea of how they will feed their baby that is often based on what they have observed from friends and family, rather than information or facts. They may have received little education during pregnancy and, when the baby is born, they may be met with hurried nursing staff who have little time to help mothers deal with their concerns and comfort with breastfeeding. Mothers often feel they are inundated with rules and instructions about everything needed to care for their child and they go home to family members who are less than supportive.

How can a peer counselor help fill this gap? Some ways to consider:

- Providing prenatal education throughout the pregnancy, timing messages to the issues mothers are most concerned about, helping a mother explore her life experiences and barriers, and helping her find a way to visualize how breastfeeding might work for her
- Being a resource for mothers to connect them to other health programs and services that can help her during pregnancy and beyond
- Preparing a mother for what to expect in the first few hours and days of breastfeeding and getting her involved in a prenatal class

- Calling or visiting mothers in the hospital to allow them the opportunity to discuss their early concerns with someone she trusts
- Following up when she is home from the hospital. If she needs one-on-one assistance, they could make a home visit or accompany a home visiting nurse making postpartum follow-up contacts
- Providing ongoing support to help mothers deal with issues that arise in the first few weeks, as well as in the ongoing days of breastfeeding

SLIDE #3**PEER COUNSELING: GOING BEYOND USUAL WIC PROGRAM SERVICES**

WHAT TO TEACH: Peer Counseling provides an important adjunct to the usual WIC program services. WIC clients already receive breastfeeding information in an initial and then a second nutrition education contact prenatally. When they return to the clinic for postpartum recertification or certification of their infant they receive additional information if they are breastfeeding and perhaps a referral, if necessary. However, there are gaps in the mother's experience with breastfeeding that the usual WIC services may not be able to realistically address.

SLIDE #4**REPRODUCIBLE #6A****BASIC EDUCATION AND SUPPORT****SAMPLE PEER COUNSELOR JOB DESCRIPTION**

WHAT TO TEACH: WIC programs currently successfully offering peer counseling programs are generally in agreement that peer counselors are most helpful in providing very basic information about breastfeeding and support to WIC mothers.

ACTIVITY

OBJECTIVE: To identify key ways a peer counselor can fill that important gap in services throughout the continuum of care for new mothers.

TIME: 5 minutes for group work

DIRECTIONS: Divide participants into small groups. Assign each group to a different period throughout the client's continuum of care (pregnancy, early postpartum period, 1-3 months postpartum, 3-6 months postpartum, and 6-12 months). Ask groups to identify:

- What is going on in a mother's life emotionally and physically during this time that might affect her infant feeding decisions?
- How could a peer counselor help during this period?

DISCUSS: Ask groups to report on their findings. Use the slides to add any additional information that may have not been articulated by the groups.

SLIDE #5**HOW PEER COUNSELORS HELP: PREGNANCY**

WHAT TO TEACH: Peer counselors can provide additional value to the usual prenatal counseling services provided in WIC. This is not a

replacement for the usual WIC counseling, but an adjunct to usual nutrition education services. A peer counselor can help explore a mother's individual barriers to breastfeeding that are likely to change as her pregnancy unfolds, and find ways to lower the "cost" of breastfeeding perceived by the mother. She can also educate mothers about basic breastfeeding technique and how to get a good start in the hospital, which can help prevent a large majority of breastfeeding problems that can occur.

Peer counselors also assess for any issues that may complicate breastfeeding, such as lack of family support, family history of breastfeeding problems, etc. They can make referrals to maternity care providers if the mother reports problems or has questions about her pregnancy.

SLIDE #6**RECOMMENDED CONTACT FREQUENCY**

WHAT TO TEACH: Research shows higher breastfeeding rates when peer counselors initiate those contacts early in pregnancy and make monthly contacts, with more frequent contacts (such as every 1-2 weeks or so) as the due date approaches. Although some programs do not have peer counselors beginning contacts until near the end of the pregnancy or even after the baby is born, it is generally felt that programs are more successful when peer counselors are able to establish a relationship with the mother before her baby delivers.

SLIDE #7**WHY?**

WHAT TO TEACH: Research shows that most women make their infant feeding decisions during their first trimester, or even before pregnancy. In fact, those who make the decision to breastfeed early in their pregnancy are more inclined to breastfeed for longer durations. During their pregnancy, however, women who initially have decided to bottle feed often change their minds about breastfeeding when provided good information and support.

SLIDE #8**HOW PEER COUNSELORS HELP: EARLY POSTPARTUM**

WHAT TO TEACH: During the very early postpartum period, peer counselors are an invaluable link to help and support for new mothers. Through phone calls or visits to the hospital (if allowed), peer counselors can help mothers with early concerns, offering support and making appropriate referrals to a lactation consultant or a healthcare provider. Peer counselors normally deal only with basic issues such as addressing feeding frequency and helping mothers see what is "normal."

Some successful peer counseling programs offer a home visit by peer counselors to assess for proper positioning and latch, while others ask that peer counselors either accompany a home visiting nurse or home

health professional or make a referral to a lactation consultant for follow-up.

SLIDE #9**RECOMMENDED CONTACT FREQUENCY**

WHAT TO TEACH: Peer counselors in most successful programs initiate contacts with new mothers:

- Every 2-3 days in the first critical 7-10 days postpartum; daily if the mother reports problems with breastfeeding
- Within 24 hours if mother reports problems (making appropriate referrals if problems are not resolved)
- Weekly contacts throughout the rest of the first month

SLIDE #10**WHY?**

WHAT TO TEACH: Research shows that the most critical weaning window is during the first 7 to 10 days. This is the time when new mothers are most vulnerable. They are recovering from pregnancy and delivery, their hormones are going through dramatic shifts, and postpartum depression can set in. Family pressure and support are greatest as they all learn to adjust to a new life. Mothers are usually fatigued and often in pain, and the bodily changes they encounter as they begin making milk can be overwhelming to many new mothers. Research among WIC women shows that the demands and stresses are so great that 1/4 of new breastfeeding mothers begin supplementing before the first week has ended, and 1/2 have started supplementing by the end of the 2nd week. By the end of the first month, 2/3 of WIC women have weaned to formula.

The most common reasons given for weaning during the early days postpartum are concerns about milk supply, and dealing with painful or uncomfortable breasts. Peer Counselors can be a lifeline to mothers during this critical weaning period by helping mothers know whether their baby truly is getting enough, by making the referrals needed when she needs help, and offering her encouragement and support to “hang in there” through this transition period.

SLIDE #11**LINK TO SERVICES BEYOND USUAL CLINIC HOURS**

WHAT TO TEACH: This is why many successful peer counseling programs believe that access to peer counselors beyond the usual WIC clinic hours is crucial in helping women during these critical first 2 weeks, in particular. Breastfeeding problems do not always occur between 9 and 5 Monday through Friday, and peer counselors provide important support beyond the usual WIC services. Particularly in areas where there are limited health professional support resources outside regular working hours, peer counselors help fill that important gap of breastfeeding services beyond 9 to 5, when mothers may need help the most.

SLIDE #12

QUOTE:

I'm available 24 hours a day. Sometimes, a girl might call me in the middle of the night at home, but I don't care. Mothers need help more than between 9 and 5. Mothers need 24 hour support.

– WIC Peer Counselor

SLIDE #13

HELP PEER COUNSELORS MANAGE AVAILABILITY TO CLIENTS

WHAT TO TEACH: The concept of availability to WIC participants can be workable. First, it is important to realize that very few mothers actually DO phone a peer counselor in the middle of the night or on holidays. In fact, the reason it is recommended that peer counselors initiate contacts during pregnancy and beyond is precisely because the research found that WIC mothers usually do NOT initiate calls, even when they are experiencing problems. Also, most “emergency” problems normally occur during the first few days postpartum, so the potential for calls outside normal working hours is usually limited to the initial days postpartum.

Second, WIC agencies can help peer counselors manage availability by helping them set limits with their clients. For example, letting clients know that they are mothers with families, too, and what hours are best to call. Peer counselors should not be afraid to let mothers know it is best not to call around supper time, for example, or after 8 o'clock in the evenings. If mothers call at an inconvenient time, peer counselors should be taught to communicate that to clients, and let them know they will return the call at a more convenient time. Peer counselors should also never give out personal information such as their home address. Some programs do not allow a peer counselor to give out her telephone number at all, and peer counselors initiate all calls.

Some successful programs provide peer counselors with pagers for their own protection and to enable them to better set limits, as they can return the phone call at a time that is more convenient for them. Other options are to offer clients other outlets for help, such as a 24-hour breastfeeding helpline, if available in the State, or a hospital outpatient breastfeeding clinic. The key is setting limits with clients and insisting they respect those limits.

SLIDE #14

HOW PEER COUNSELORS HELP: LATER POSTPARTUM

WHAT TO TEACH: After the critical first two weeks, peer counselors can continue to offer ongoing help and support as the baby grows. This includes helping mothers address issues with returning to work or school, which is one of the primary factors associated with early weaning. Peer counselors can help explore options for continuing to breastfeed and maintaining lactation by talking with mothers

about their unique job situations and finding creative solutions. Peer counselors can also be an ongoing source of encouragement if family members are not supportive. They can help mothers work breastfeeding into their lives and deal with issues such as breastfeeding in public and managing a nursing baby with activities. Peer counselors also make referrals to WIC by reminding women to recertify for WIC and to continue participation. They help connect mothers with other nursing mothers for ongoing support by leading support group meetings and answering questions they may have about the needs of their growing babies.

SLIDE #15**RECOMMENDED CONTACT FREQUENCY**

WHAT TO TEACH: Peer counselors in most successful programs initiate phone calls or contacts with new mothers during months 1-3 postpartum:

- Monthly as long as things are going well
- Around 1-2 weeks before mother plans to return to work or school

SLIDE #16**WHY?**

WHAT TO TEACH: Once breastfeeding is going well, mothers continue to have questions and issues throughout the course of lactation, and without ongoing peer support, they are often forced to rely on the advice of their family members or friends, who may not be providing accurate information. Peer counselors help mothers with the many questions that arise as the baby grows and provide ongoing information to help mothers feel confident about breastfeeding. Research shows that at nearly every critical weaning period during the infant's first year of life, mothers say they are weaning because they do not believe they are making enough milk or are returning to work or school. Certainly, milk supply does fluctuate as the baby grows due to many factors including starting the baby on solid foods, separating the baby from the mother, or the mother using some birth control options.

Focusing contacts with mothers who are returning to work or school provides the opportunity for guidance that is tailored specifically to their work or school situation. Peer counselors can teach mothers how to prepare for the return to work, how to set up a milk expression schedule based on her work or school situation, how to approach supervisors or school officials, and how to deal with potential milk supply issues.

SLIDE #17**RECOMMENDED CONTACT FREQUENCY**

WHAT TO TEACH: Throughout the rest of a mother's lactation experience peer counselors can continue to provide monthly contacts as long as things are going well, to check on the mother, and to answer questions about nursing their growing baby. This includes dealing

with issues such as teething, starting solid foods, going through nursing strikes, weaning, breastfeeding and family planning, and other issues of older babies.

SLIDE #18**LIMITATIONS OF PEER COUNSELORS**

WHAT TO TEACH: Peer counselors are invaluable sources of support for new mothers and they are often the primary source of breastfeeding information. It is important that they understand when their responsibilities end and those of a healthcare professional begins.

Teach them:

- How to support normal breastfeeding, not to diagnose or attempt to remedy potentially serious problems
- When to make appropriate referrals to a lactation consultant or other health professional expert who can help with problems that are beyond their scope or that do not resolve within 24-48 hours

More details about limitations will be covered in the 2nd curriculum used for training peer counselors, *“Loving Support Through Peer Counseling.”*

SLIDE #19**PRACTICE SETTINGS FOR PEER COUNSELORS**

WHAT TO TEACH: To address these varied educational and support needs of mothers, peer counselors can be used in a variety of practice settings.

SLIDE #20**SETTINGS FOR PEER COUNSELORS: TELEPHONE CALLS**

WHAT TO TEACH: Telephone calls are considered the centerpiece of most peer counseling programs in WIC today. Telephone calls enable peer counselors to be available to clients at times of crisis, when mothers are most vulnerable and likely to discontinue breastfeeding. Telephone calls are most effective when peer counselors initiate the calls with WIC mothers. Many programs find that WIC clients will not freely phone peer counselors for a variety of reasons. Keep in mind long distance calling charges for peer counselors. Some programs deal with this by assigning separate peer counselors for different phone calling ranges. Some programs reimburse phone charges when invoiced or provide peer counselors with a calling card. Others have simply insisted that peer counselors come to the WIC clinic to initiate long-distance phone calls.

SLIDE #21**WHAT ABOUT ANSWERING MACHINES?**

WHAT TO TEACH: Providing peer counselors with answering machines can be a valid way to help peer counselors better control and limit calls they may receive from clients.

Peer counselors should also be taught how to deal with answering machines of WIC clients. This is nothing new in WIC; clinic staff are familiar with confidentiality protocols regarding answering machines for such instances as leaving WIC clinic appointment reminders. The same policies hold true with messages that a peer counselor may want to leave. Teach peer counselors these standard WIC answering machine protocols, and ensure that participants have given their permission to be contacted at home and left a message.

SLIDE #22**SETTINGS FOR PEER COUNSELORS: CLINIC VISITS**

WHAT TO TEACH: Another key place to use peer counselors is in the WIC clinic itself, providing a face with the name for WIC moms. Using peer counselors in the clinic can be a great way to help new mothers meet their peer counselor and feel more comfortable later with phone contacts.

Depending on clinic policies, peer counselors can be used in a variety of ways such as waiting room “plants” who sit in the waiting room to nurse their infant and talk about their experiences with breastfeeding. They can also see mothers routinely as part of the normal clinic flow. To make this initiative most effective, consider bundling prenatal and postpartum appointments to maximize the peer counselor’s time in the clinic.

Clinics will want to determine policies for documenting in the client charts. Some programs allow charting. Others insert the peer counselor contact log once the mother has been weaned and is no longer being followed by the peer counselor.

SLIDE #23**SETTINGS FOR PEER COUNSELORS: HOME VISITS**

WHAT TO TEACH: One-on-one help is an invaluable way to assess for breastfeeding problems that a new mother may be experiencing. Often a telephone call does not fully reveal incorrect positioning and latch of an infant, which is the cause of many breastfeeding problems. If a mother is able to get to the WIC clinic for one-on-one assessment, this is probably ideal. However, realize that not all mothers can get to a clinic due to transportation issues. For many mothers, just leaving the house in the early days can be an overwhelming task as they are often dealing with their own recovery from childbirth.

State and local WIC agencies will need to discuss and set policies for using peer counselors to make home visits. Home visits can be expensive on a limited budget, because often it will take 1-2 hours counting drive time. Peer counselors are often not trained to address more difficult and complex breastfeeding situations they may encounter when seeing a mother in her home. Also, safety issues can be a concern.

One option is to have peer counselors work with any home visiting programs provided by your agency to accompany other agency staff visiting new mothers. The home visiting staff can address more complicated health issues, while the peer counselor can assess for basic breastfeeding technique. Or, consider training your home visiting staff so they can properly assess for breastfeeding technique and make a referral to the peer counselor for follow-up telephone support. Peer counselors can also refer to other lactation professionals in the community who might be available to conduct a home visit, if needed.

SLIDE #24**TIPS FOR HOME VISITS**

WHAT TO TEACH: If your agency decides to have peer counselors make home visits, it will be critical to establish guidelines to help assure protection for peer counselors. They can include:

- Accompanying other home visiting staff making home visits to new mothers
- Visiting only during daylight hours in teams of two
- Notifying WIC clinic staff of destination and return time
- Leaving jewelry or other valuables at home
- Respecting pets of clients

If, at any time during the home visit, a peer counselor and her companion feel uncomfortable, they should always leave immediately.

SLIDE #25**SETTINGS FOR PEER COUNSELORS: HOSPITAL VISITS**

WHAT TO TEACH: Several successful WIC peer counseling programs use peer counselors in the hospital setting. These peer counselors may provide basic breastfeeding counseling, and even help mothers with breastfeeding positioning and latch. Some peer counselors also issue breast pumps and counsel mothers about their use. In some programs, the hospitals phone peer counselors when mothers are having difficulties with breastfeeding and need special support.

Many peer counselors, however, do not offer hands-on assistance to mothers but simply meet the mother in person, provide encouragement, and arrange for follow-up telephone calls once the mother leaves the hospital. This can help new mothers who may be feeling stressed or overwhelmed to meet a supportive “friend” she may feel more comfortable later calling with her questions and concerns. Setting up a relationship with the hospital to facilitate seamless follow-up of new mothers once they are discharged is another important advantage of establishing a relationship with the hospital.

SLIDE #26
REPRODUCIBLE #6B**DOCUMENTATION****SAMPLE PEER COUNSELOR CONTACT LOG**

WHAT TO TEACH: Documenting all patient contacts is an integral part of the peer counselor's job. Documentation provides a:

- Record of the advice given
- Method to refer problems to appropriate WIC staff
- Measurement for effectiveness
- Justification for paying peer counselors for services provided

Peer counselors usually keep a contact log for each client they are following, documenting all contacts, information covered, and referrals made. In many States these official contact logs become part of the WIC client's permanent record or are filed in the clinic or with the supervisor.

Peer counselors often file these contact logs in a notebook or files organized alphabetically or by month of the mother's due date. In some WIC Programs, the supervisor reviews these notebooks periodically or at the monthly staff meetings to determine if staff are making timely and appropriate contacts and referrals. Some peer counselors file their contact logs alphabetically and organize tickler cards by due date or age of baby as reminders of when mothers need contacts.

SECTION 7 TRAINING OPTIONS



TIME: 15 minutes

OBJECTIVES: Identify at least three factors integral to the success of implementing and sustaining a breastfeeding peer counseling program.

SLIDE #1 SECTION 7 – TRAINING OPTIONS

SLIDE #2 TRAINING IS A MUST

WHAT TO TEACH: WIC programs currently successfully offering peer counseling programs are unanimous in their belief that a solid training program that includes both initial training and ongoing training is a MUST. It is vitally important that peer counselors be fully trained before being allowed to make contacts with WIC clients. Peer counselors come into the job with their own experience and the experience of their friends and family members as their basis of understanding breastfeeding. Often, they have many misconceptions and myths about breastfeeding that need to be corrected and their knowledge base broadened. Training allows them to:

- Gain confidence in their ability to answer questions of new mothers
- Provide appropriate and accurate information about breastfeeding to WIC clients
- Learn important communication skills to more effectively reach and relate to mothers and their family members
- Make appropriate referrals to WIC program services, health professionals and social services that the client might need

SLIDE #3 PEER COUNSELORS VALUE TRAINING

WHAT TO TEACH: The research found that peer counselors highly value their training experience and believe it is crucial to helping them learn and become comfortable with their job. They especially value having other peer counselors present to learn from their experiences. This includes not only the initial training event, but also ongoing training experiences through monthly staff meetings and training workshops. Peer counselors overwhelmingly reported that they preferred interactive training opportunities and that shadowing another peer counselor or lactation consultant was especially helpful to them.

SLIDE #4 WHO SHOULD ATTEND TRAINING?

Many States also include WIC clinic staff in the peer counselor trainings so they will hear the same information that peer counselors will be giving to new mothers. Some also require the peer counselor training as part of new staff orientation of new WIC staff. Other

programs open their peer counselor trainings to the community and invite health professionals from private clinics or public health programs such as Early Head Start or home visiting program staff.

Most successful programs also include their other seasoned peer counselors in the area to participate in the training and share their experiences. Peer counselors especially value this important opportunity to network and learn.

SLIDE #5**WHO SHOULD TRAIN PEER COUNSELORS?**

WHAT TO TEACH: Current programs providing peer counseling typically use State WIC staff, such as the State breastfeeding coordinator, breastfeeding educator, or peer counselor coordinator, to conduct the training. Training programs are also typically taught by local level breastfeeding coordinators, peer counselor supervisors, or staff trained in lactation management.

Many successful programs prefer to use International Board Certified Lactation Consultant (IBCLCs), and some contract with lactation consultants in the community to provide the training. Some programs successfully collaborate with the Cooperative Extension Program to provide training for peer counselors.

SLIDE #6**TRAINING OPTIONS**

WHAT TO TEACH: Peer counselors and staff alike report that a variety of training options should be included in both the initial training and ongoing follow-up learning experiences. Research with peer counselors found that they highly value strongly interactive training that concentrates on skills building such as learning and practicing counseling and addressing varied cultural groups. The second FNS training curriculum, “*Loving Support* through Peer Counseling,” will provide a strong interactive, facilitative-based learning approach that focuses on skills building. Watch for it in 2005.

SLIDE #7**INDEPENDENT STUDY**

WHAT TO TEACH: In addition to formal training programs, some successful programs also ask that peer counselors complete additional home study learning at their own pace to further prepare them for possible questions and situations that may arise. This independent study is not meant to replace formal training programs that provide a multitude of skills-building opportunities, but to reinforce that training. Most commonly used resources include La Leche League International resources such as the Womanly Art of Breastfeeding or the Breastfeeding Answer Book, along with other resources such as Amy Spangler’s A Parent’s Guide to Breastfeeding. Some programs also require peer counselors to view breastfeeding videos and to read

program pamphlets that are used with WIC clients. One program asks peer counselors to write a short review of what they read to document that the work was completed.

SLIDE #8**IT WORKED FOR US!**

WHAT TO TEACH: The Mississippi WIC Program prepared an open-book exam based on La Leche League’s Womanly Art of Breastfeeding. Peer Counselors complete the “fill in the blank” open book exam as they read each chapter. This serves both to reinforce the material read and to provide important documentation of work completed. A similar exam was prepared for La Leche League’s Breastfeeding Answer Book, which is required reading for lactation specialists in the program.

SLIDE #9**OBSERVATIONAL LEARNING**

WHAT TO TEACH: Research from peer counselors revealed that they especially valued opportunities to learn breastfeeding technique by shadowing a lactation consultant in the hospital or clinic, or even by shadowing other experienced peer counselors. Watching an experienced breastfeeding educator or lactation consultant help a mother latch her infant is an invaluable way to learn technique firsthand. Peer counselors also appreciate opportunities for frequent discussions with other peer counselors to see how they have handled varied case situations and to brainstorm ways to address possible scenarios.

Other ways to get “on the job” training include shadowing home health nurses as they make visits with new mothers and observing a WIC nutritionist providing WIC counseling to a new mother. Attending hospital or clinic breastfeeding classes can also be a valuable way to learn how to teach breastfeeding to mothers.

SLIDE #10**ONGOING TRAINING**

WHAT TO TEACH: Most successful programs believe that ongoing training for peer counselors is critical to keeping peer counselors motivated about their job and helping them keep their breastfeeding knowledge base up to date. Peer counselors, as well, indicate that they rely on ongoing training to stay excited about their job and to feel confident in the information they are providing WIC clients. WIC programs have found a variety of methods to deliver ongoing training opportunities to WIC clients:

- **MONTHLY STAFF MEETINGS WITH OTHER PEER COUNSELORS IN THE AREA...**many peer counselors believe these staff meetings are an important way to stay “connected” to the program and to gain important program updates. They especially appreciate opportunities to share case scenarios with other peer counselors and to receive ongoing breastfeeding training about topics they are encountering with mothers.

- **REGULAR WIC STAFF MEETINGS...**peer counselors also appreciate being included in regular WIC clinic staff meetings so they can become aware of program updates, and interface with staff that they may not see regularly otherwise. Some programs believe that this also helps improve referrals from clinic staff to peer counselors, as well as create more appropriate referrals from peer counselors to WIC staff.
- **BREASTFEEDING CONFERENCES...**offer peer counselors an important connection with other people interested in lactation, as well as the rare opportunity to learn “cutting edge” information from outside speakers. Some peer counselors say this helps re-energize them for the work ahead.
- **WIC IN-SERVICES...**many programs provide opportunities for peer counselors to participate in State, regional, or local in-services that relate to breastfeeding.

SLIDE #11**QUOTE**

I really enjoy our breastfeeding updates, because you get to hear what is happening in other counties and what other peer counselors are doing. If you have issues, you get to verbalize them among people who are actually dealing with the same kind of thing and, together, you can brainstorm solutions.

– WIC Peer Counselor

SECTION 8 SUPERVISION AND MONITORING



TIME: 30 minutes

- OBJECTIVES:**
1. Identify at least three factors integral to the success of implementing and sustaining a breastfeeding peer counseling program.
 2. Name two ways peer counselors should be supported in their job.

SLIDE #1 SECTION 8 – SUPERVISION AND MONITORING

SLIDE #2 **SUPERVISION AND SUPPORT: THE KEY TO PROGRAM SUCCESS**
WHAT TO TEACH: WIC programs successfully offering peer counseling programs overwhelmingly agree that ongoing supervision and support from supervisors is integral to the success of peer counseling programs. Supervision is not rocket science, but it does require careful attention and guidance, continual availability to peer counselors, and ongoing support.

SLIDE #3 **WHO SHOULD COORDINATE AND MANAGE PEER COUNSELORS?**
WHAT TO TEACH: Most current successful peer counseling programs are managed at the local level, although often statewide standards are issued for supervising and monitoring the program. Supervisors tend to be local agency breastfeeding coordinators, peer counselor coordinators, nutritionists, or lactation consultants. In some states, peer counselors are supervised by a regional or district level breastfeeding coordinator.

SLIDE #4 **DESIGNATED SUPERVISORS ARE KEY**
REPRODUCIBLE #8A **SAMPLE PEER COUNSELOR SUPERVISOR JOB DESCRIPTION**
WHAT TO TEACH: The research found that having designated coordinators/managers is an important key to program success. When programs simply add one more “hat” to already overloaded WIC local agency staff, inadequate supervision and management can occur, and program troubles begin. Inadequate oversight from local level staff who were not designated peer counseling coordinators/managers was cited as one contributor to program demise.

The time commitment involved in supervising the work of peer counselors can be significant, depending on how many peer counselors are hired, agency caseload, degree of paperwork required by the State, and other factors. One State reported that at least .25 FTE is required for managing a local program.

ACTIVITY**CASE SCENARIOS**

OBJECTIVE: Identify practical strategies for dealing with a variety of situations that may arise in supervising and managing peer counselors.
TIME: 5 minutes to discuss scenarios.

DIRECTIONS: Divide the group into 6 equal groups. Assign each group a different scenario to read and discuss. Group should discuss options for how to best handle the supervisory situation. Use scenarios as indicated in the proper place throughout the session, asking the group to report. Use the slide to add any information not covered by the group. The activity can also be used as general group discussion when each scenario comes up.

SLIDE #5
HANDOUT #3

CASE SCENARIO #1

Christy was hired as a peer counselor two months ago. Earlier today, you received a phone call from the nutritionist at the WIC clinic in her area complaining that Christy does not dress appropriately in the clinic. Today she arrived an hour late wearing low-rider blue jeans and a low-cut midriff shirt. Although the nutritionist is very enthusiastic about using peer counselors, she is concerned that other staff might become very negative if Christy does not follow more professional standards.

SLIDE #6**MENTORING ROLE**

WHAT TO TEACH: Although some latitude should be given to peer counselors since they function best when WIC participants truly view them as peers, it is realistic to have expectations for appropriate dress and behavior in the clinic setting. The typical role for a supervisor is to establish those performance and behavior standards, and to provide opportunities for feedback and guidance regarding those expectations.

However, most programs find that women are working in their first real “paying” job when they join the WIC team as a peer counselor. These women often enter the program with few job skills and experience with professional standards that might be expected.

MENTORING ROLE

Therefore, many program supervisors consider themselves “mentors” during the first six months to help teach and model those professional behavior standards with peer counselors. Supervisors who are mentoring their peer counselors will need to provide more guidance about job expectations, take extra time to remind peer counselors about upcoming staff meetings, and perhaps take the time to review and explain mistakes in paperwork. When a peer counselor does not exemplify professional behavior, take her aside and gently talk about standards for professionalism that will help her to be respected as a professional.

During these early days in the job, supervisor “mentors” often ask the peer counselors to work in the clinic so their initial phone calls and contacts with clients can be observed and guided. In fact, peer counselors should not begin making contacts on their own until after the supervisor has observed her and is confident she can manage the job. They also need to initiate weekly phone calls with peer counselors to discuss patients being followed, answer questions, and provide assistance.

At a 6-month review, the supervisor then sits down with the peer counselor and lets her know that she is now the peer counselor’s supervisor, not her “mentor.” This means she will need to take responsibility for doing her paperwork properly, attending staff meetings without being reminded, and following appropriate procedures. This mentor/supervisor transition has been reported to be effective for many successful programs.

SLIDE #7**CASE SCENARIO #2**

Several WIC mothers you have spoken with recently have indicated that they were given information from their peer counselors that you know is not evidence-based. You are concerned whether appropriate referrals are being made, and whether correct information is being provided.

SLIDE #8**CASE SCENARIO #3**

You notice that the time sheets turned in by Jeanette, one of your peer counselors who has worked for your program for around 8 months, are quite sketchy, providing few details. You are not entirely sure what kind of advice she is actually giving clients. She has not phoned you for advice on dealing with clients in some time. Last month, she did not show up for the monthly staff meeting.

SLIDE #9**ONGOING SUPERVISION**

WHAT TO TEACH: Supervisors should provide ongoing guidance and training for peer counselors.

MONTHLY STAFF MEETINGS

Providing monthly peer counselor meetings can be an extremely effective way of keeping peer counselors “in the loop” and a part of the healthcare team. These meetings are heavily used by nearly all successful programs as a way to touch base with peer counselors and discuss their work. Allow peer counselors to bring their babies, which may mean meeting in a central community location, and consider ways to make meetings meaningful and fun. Review procedures and policies, provide breastfeeding update information, and allow peer counselors to share scenarios of their experiences and talk through strategies.

ONGOING COMMUNICATION

Ongoing communication is a must. Weekly or biweekly phone calls can be used to check in with peer counselors, discuss patient needs, and assist peer counselors with on-the-job issues. Ask peer counselors, “Of the mothers you worked with this week, who stands out in your mind?” to solicit her experiences and challenges. Often when peer counselors begin distancing themselves from their supervisor, they are finding the job to be too overwhelming or are not really working much. Be sensitive to any personal situations she may be encountering.

REPRODUCIBLE #8B **SAMPLE WEEKLY ACTIVITY REPORT FORM**
WEEKLY AND MONTHLY REPORTS

Most current peer counseling programs depend on client contact sheets and monthly reports submitted by peer counselors to identify trends in contacts being made and to ascertain whether appropriate advice is being given to mothers. These reports also serve to justify the amount of time charged and are usually required before a peer counselor can be paid.

SLIDE #10 **IT WORKED FOR US!**

Alaska WIC and other States are now using electronic communications to keep staff connected. Electronic listservs, for instance, can be a cost-effective mechanism to share program information, provide up-to-date information on lactation research and techniques, provide counseling scenarios for peer counselors to practice, and brainstorm ways to manage common breastfeeding concerns observed.

SLIDE #11 **CASE SCENARIO #4**

A WIC clerk tells you that one of your peer counselors, Amber, offended a participant. The WIC participant claims that Amber invited her to attend church with her, and when the client declined, Amber continued to pressure her. The client has requested that Amber not phone her anymore.

SLIDE #12 **OTHER ISSUES**

WHAT TO TEACH: Other issues to provide guidance on include:

RELIGIOUS AND PERSONAL DIFFERENCES

Peer counselors should also be encouraged to respect religious and personal beliefs of WIC clients and not use their job as a platform for their own personal beliefs. Peer counselors will also need to be reminded not to use their position to attempt to influence clients about other personal issues such as parenting styles. Similarly, supervisors will also need to be sensitive to religious beliefs of peer counselors.

LANGUAGE DIFFERENCES

If you serve women who speak other languages besides English, you will need to prepare your peer counselors, letting them know

of cultural differences that have been noted in these groups and how to handle communication. Does your clinic participate in the AT&T Language Line? What other procedures are in place to deal with non-English-speaking clients?

CULTURAL DIVERSITY

Peer counselors should also be encouraged to respect the cultural differences of mothers they work with. Even though there are often common traits among ethnic groups, peer counselors should be trained in counseling skills to help each individual mother identify her own unique needs. After all, within cultural groups, mothers share many varied experiences and hold many varied beliefs.

CIVIL RIGHTS POLICIES

Include peer counselors as part of your annual WIC civil rights trainings. This can also be covered in the peer counselor training program and as part of ongoing supervision and mentoring.

WIC POLICIES

Peer counselors will need to be informed about particular policies of the WIC clinic setting to which she is assigned. Never assume that she should “just know.” Include in your initial or ongoing training an orientation to the clinic setting and let her know who can assist her with various needs.

SLIDE #13

CASE SCENARIO #5

You are driving a carpool of young teenagers, including your daughter, to the mall. One of the girls excitedly shares with your daughter and friends that she heard from her older sister Mandy, whom you hired as a peer counselor, that a classmate, Becky, is pregnant. The girls gasp, and you struggle to keep the car on the road, knowing that your new peer counselor has just violated confidentiality laws.

SLIDE #14

REPRODUCIBLE #8C

CONFIDENTIALITY ISSUES

SAMPLE CONFIDENTIALITY AGREEMENT

WHAT TO TEACH: Of special importance are your State’s confidentiality laws. This can be one of the hardest things for a new peer counselor to get used to, because she has not had the experience of dealing with this in the past. It is very tempting for peer counselors, who often feel isolated in their jobs, to discuss patients with family members and friends, and they will need ongoing reminders about the importance of maintaining client confidentiality. Many States require peer counselors to sign a “Confidentiality Agreement.” It is also recommended that scenarios be included at monthly staff meetings to help peer counselors see the varied ways that confidentiality protocols can be applied. State and local agencies should contact their human resource or personnel division to learn State-specific consequences for breaking confidentiality.

SLIDE #15

CASE SCENARIO #6

When Sally, a breastfeeding mom, visits the WIC clinic for a WIC follow-up certification, you ask how breastfeeding has been going. Your peer counselor, Jana, has been following Sally for several weeks now. Sally says, however, that she did not breastfeed more than a few days, and she does not remember anyone by the name of Jana phoning her.

SLIDE #16

PEER COUNSELOR MONITORING

WHAT TO TEACH: Supervisors are responsible for monitoring the work of peer counselors. This can be especially important if peer counselors are working from home. There are several ways to successfully monitor the work of peer counselors.

WEEKLY PHONE CONTACTS

Weekly or biweekly phone calls with staff provide opportunities to keep on top of their work and to discuss clients they are contacting.

REGULAR REVIEW OF CONTACT LOGS

Supervisors should plan a monthly review of client contact logs of peer counselors to determine how often peer counselors are making contacts with new mothers and to assess whether appropriate referrals are being made. Supervisors should randomly select a few contact logs to review each month. Information gleaned from the review will alert supervisors if appropriate information is being shared with WIC clients and whether additional training might be needed.

SPOT CHECKS

Spot checks are an integral part of program monitoring, particularly for staff who work from home. Peer counselors should be told from the outset that program policies require that spot checks be conducted each week. This involves randomly selecting one or two WIC client names from the peer counselor's time report, usually focusing on clients who received a lot of phone contacts. The spot check should not be communicated to participants as "checking up" on the peer counselor, but should focus on making sure the mother received answers to her concerns and to see that things were handled well. Realize that often WIC clients do not report having spoken with a peer counselor because they do not remember the call or did not realize the person was a peer counselor. If spot checks reveal that client contacts are not being made as indicated, additional spot checks should be conducted with other clients. If fraud has occurred, discuss the discrepancies with the peer counselor and, if necessary, take steps to release her from her duties.

SLIDE #17**IT WORKED FOR US!**

WHAT TO TEACH: The Mississippi WIC Program includes peer counselor program monitoring as part of its overall nutrition audits. The State Breastfeeding Coordinator keeps copies of the Weekly Activity Reports by county, and when various counties/clinics are up for monitoring, random sheets for relevant counties are included. Monitor randomly selected names and pull charts to determine that appropriate information and referrals were made.

SLIDE #18**REASONS TO DISMISS PEER COUNSELORS**

WHAT TO TEACH: Although it is not common, supervisors occasionally must release a peer counselor from her duties. Some reasons might be:

- Not performing job duties. (Sometimes it is helpful to work with a peer counselor to help her reduce her caseload, offering a job share option with another peer counselor, or offering a temporary “leave” until her personal life becomes more manageable.)
- Fraud – reporting activity that never occurred for payment
- Inappropriate conduct for a “role model” in the community (including substance abuse)

SLIDE #19**SUPPORTING YOUR PEER COUNSELORS**

WHAT TO TEACH: Current programs are nearly unanimous in their belief that supporting peer counselors should be an integral part of the program. Peer counselors are often in difficult life circumstances themselves, and the job of providing support and nurturing to their clients can be emotionally draining. An added difficulty is the isolation that peer counselors often experience, particularly when they work from home. Helping them connect with you and with other peer counselors is an extremely effective way to keep them motivated and feeling good about their role.

There are several ways to keep peer counselors “in the loop” and connected:

- Making routine referrals to peer counselors of WIC participants who need breastfeeding follow-up assistance
- Supporting an active breastfeeding environment within the clinic that promotes the peer counseling program
- Ongoing communication with the peer counselor through:
 - Monthly peer counselor meetings...believed by both current programs and peer counselors to be the most important way to support peer counselors. Participation in clinic staff meetings are also an important way for peer counselors to feel part of the WIC team.

- Providing ongoing access to a lactation consultant or breastfeeding coordinator for immediate help with breastfeeding questions.
- Regular, systematic contact with the supervisor.
- Ongoing affirmation. Peer counselors need to be reminded from both supervisors and other clinic staff that they are an important part of the WIC team. Peer counselors also thrive on the praise they receive from WIC clients they are following. When clients brag about their peer counselor, be sure that information is fed back to your peer counselors routinely.

SLIDE #20

QUOTES:

Peer counselors need support because they are supporting these mothers. They are going through a lot of difficult changes and life situations, and they need the same type of nurturing they are asked to provide to the clients.

– Peer Counselor Coordinator

They need lots and lots of affirmation. It's very demoralizing to sit and call 25 women in a row and have every one of those contacts be a bad experience, either be told, 'She doesn't live here anymore' or 'No, I'm not gonna do that,' or leave a message, leave a message, leave a message...but no one ever returns your call.

– WIC Staff Member

SLIDE #21

RESPECTING AND EMPOWERING PEER COUNSELORS

WHAT TO TEACH: As a supervisor, it will also be important for you to acknowledge and respect her time and circumstances as a mother. The reason peer counselors can be so effective is that they are also mothers of infants and/or small children. Be sensitive to family issues that arise, including childcare challenges, and be willing to exercise flexibility. For instance, can you hold staff meetings in a centralized location in the community such as the library, the park, or the home of another peer counselor so she can bring her older children?

FINANCIAL CONCERNS

Even though peer counselors may not be hired as traditional employees, it is important to show the same respect you would to other employees by ensuring timely pay checks.

TRANSPORTATION ISSUES

Remember that as WIC clients, peer counselors may share similar financial concerns or they wouldn't be eligible for WIC. This means that transportation can often be an issue. Getting to the clinic for

“clinic days” or staff meetings can sometimes be a challenge. Hold meetings in centralized locations that are easily accessible, and be sensitive to disruptions that must occur due to transportation problems.

SECTION 9 RETAINING PEER COUNSELORS



TIME: 15 minutes
OBJECTIVES: Identify at least three factors integral to the success of implementing and sustaining a breastfeeding peer counseling program.

SLIDE #1 **SECTION 9 – RETAINING PEER COUNSELORS**

SLIDE #2 **PEER COUNSELORS LOVE THEIR JOB!**
WHAT TO TEACH: The research with peer counselors found that peer counselors as a whole tend to love their job and feel their work is a true labor of love. Many say they would be happy if absolutely nothing about the program changed. However, the reality is that many do not stay with the program after a time, which can pose frustrations for program managers.

SLIDE #3 **WHY PEER COUNSELORS LEAVE**

ACTIVITY **OBJECTIVE:** Identify possible factors involved in turnover rates of peer counselors
TIME: 5 minutes

DIRECTIONS: Ask participants to come up with reasons why a peer counselor might not stay with the program. Record answers on the left hand side of a flip chart sheet. Draw a line down the middle of the page to allow room for solutions to be added on the right hand side later in the discussion. If factors listed below are not covered, include them with the discussion.

WHAT TO TEACH: WIC programs and peer counselors themselves give many reasons for turnover rates.

THE JOB IS NOT A GOOD “FIT”

It is normal to expect that some peer counselors will come into the job with unrealistic expectations of what the job will be like. Some are passionate about breastfeeding but find that it is much more difficult to talk to women they don't know. Others realize that family pressures will make it difficult to stay with the job.

STRESSFUL PERSONAL LIFE

Some peer counselors say their own stressful personal lives make working as a peer counselor difficult. Some do not have good family support or find that financial pressures force them to take a second job.

DESIRE FOR FULL-TIME EMPLOYMENT

When children get older and begin elementary school, some peer counselors feel ready to seek full-time employment.

LOW WAGES

Other peer counselors cite low wages or no wages as a factor making it difficult to continue.

BURNOUT

The demands of the job itself can lead to burnout if peer counselors are not able to feel they truly contribute as a member of the WIC team. For instance, some programs found that assigning peer counselors the primary duty of checking out breast pumps was monotonous, and peer counselors did not feel valued. Also, peer counselors who do not see opportunities for personal growth within the job feel “burned out” and dissatisfied.

Although most peer counselors feel there are unique rewards to being a peer counselor and that they are making a difference in the lives of new mothers, constantly “giving” to others can also lead to burnout. Peer counselors say they sometimes feel discouraged when their efforts don’t seem to make much difference, or when local physicians or hospital staff “undo” their hard work by giving incorrect advice to new mothers.

ISOLATION

Because many peer counselors tend to work from home, it is easy to feel as though they are working in a vacuum. When combined with the challenge of balancing work with the needs of family, who may be demanding and not understanding of their work situation, peer counselors can easily feel discouraged. This is why it is important to provide face-to-face networking opportunities so they can stay connected with the program and with other staff and receive solutions for addressing work challenges.

SLIDE #4**TURNOVER IS NOT NECESSARILY NEGATIVE!**

WHAT TO TEACH: Although dealing with staff turnover can be frustrating, it is helpful to see the positive aspects, which often indicate program SUCCESS. Peer counselors often grow professionally in many ways through their work with WIC. They learn new job skills, become empowered as members of the healthcare team, and develop professionally in ways that ready them for new job challenges. Many peer counselors go on to become full-time WIC staff, go to nursing school, or take on other service occupations.

Once peer counselors leave the program, they often continue to provide breastfeeding education and support within their community...for neighbors, family, and friends. Because they have been educated and trained, they are now in the community providing accurate information and support.

SOLUTIONS FOR RETENTION

DISCUSS: Go to flip chart with list of reasons peer counselors might leave, and use the right hand side of the page to record group ideas on strategies that could help address retention issues.

SLIDE #5

STRATEGIES FOR RETAINING PEER COUNSELORS

WHAT TO TEACH: [add to discussion of previous activity with the following researched strategies for retaining peer counselors]

WIC STAFF SUPPORT

Successful programs believe that building a solid base of support both within WIC and the community are crucial to retention of peer counselors. A WIC clinic environment that openly promotes and supports breastfeeding, and that actively promotes the peer counseling program, is a climate that contributes to success of the program and staff retention. The Power Point presentation included in the CD, “Peer Counseling: Making a Difference for WIC Families,” provides helpful strategies for ways that WIC staff can provide that needed support.

SENSITIVITY TO PERSONAL SITUATIONS

Peer counselors say that they are more likely to stick with the job when their supervisors are sensitive to their personal situations and allow them the opportunity to work on a flexible schedule. Sensitivity to personal situations also includes provisions for childcare in trainings, staff meetings, and work situations. Peer counselors also say that making their job more manageable is helpful. For instance, they do not like being inundated with paperwork that is complicated or overly time consuming.

ADEQUATE COMPENSATION

Programs that pay their peer counselors are more likely to retain them. Adding “benefits” and regular raises to the equation are also perceived as positive benefits for peer counselors.

SETTING UP CAREER PATH PROGRAM

Many current programs agree that setting up a multi-tiered or career path for peer counselors is an excellent way to keep them with the program. Some provide a formal career ladder, and others are more informal in allowing experienced “senior” level peer counselors to take on additional duties or provide more advanced level breastfeeding follow-up for mothers having difficulties. More experienced peer counselors can, in turn, assist with mentoring new peer counselors.

SLIDE #6
REPRODUCIBLE #9A

IT WORKED FOR US!

SAMPLE SENIOR PEER COUNSELOR JOB DESCRIPTION

Both the Texas and Mississippi WIC Programs provide for 3 levels of program staff. Mississippi provides: (1) peer counselors; (2) lactation specialists who are more highly trained and have more breastfeeding experience, provide more professional level services (such as teaching classes and making home visits), maintain the pump program, and supervise the work of the peer counselors; and (3) lactation consultants, who are Board Certified Lactation Consultants and available as a resource to follow high risk mothers and babies.

Some Texas agencies also provide a similar career path, with peer counselors providing basic breastfeeding counseling and support, assisting with classes, and visiting mothers in the hospital for basic bedside teaching about breastfeeding. Senior peer counselors perform similar duties and assist in training and mentoring new peer counselors, teach classes and support groups, and help mothers referred to them who are experiencing difficulties. Lactation consultants provide the high risk counseling and assistance.

SLIDE #7

STRATEGIES FOR RETENTION

WHAT TO TEACH: Other plans for retaining peer counselors include:

STRONG ONGOING TRAINING PROGRAMS

Peer counselors say they want and need ongoing training to continually update their breastfeeding knowledge. They appreciate the opportunity to attend breastfeeding conferences and workshops and enjoy training updates at staff meetings.

SIMPLE PAPERWORK REQUIREMENTS

Keep paperwork required by your program simple! Ask peer counselors to provide only the most important information, and look for user-friendly ways to present the information.

RECOGNITION PROGRAMS

Many programs also believe that recognition plans are very powerful incentives in helping peer counselors continue to feel like a valuable part of the healthcare team. Recognition can take a variety of forms, including passing along positive comments communicated to WIC staff, providing certificates of recognition for job performance, and recognizing peer counselors in group meetings.

SOCIAL INTERACTION OPPORTUNITIES

Peer counselors overwhelmingly state that they need ongoing social interaction with other peer counselors. They enjoy monthly staff meetings and networking activities and events to share similar experiences and seek support.

SECTION 10 COLLABORATIONS WITH THE COMMUNITY



TIME: 30 minutes

OBJECTIVES: Identify at least three factors integral to the success of implementing and sustaining a breastfeeding peer counseling program.

SLIDE #1 SECTION 10 – COLLABORATIONS WITH THE COMMUNITY

SLIDE #2 **WIC CANNOT DO IT ALONE!**

WHAT TO TEACH: WIC mothers have the very best chance of overcoming their barriers to breastfeeding when there is general community-wide support for breastfeeding. When a mother is able to receive consistent, accurate information from all providers and return to work, school, and her social life with support for breastfeeding readily apparent, she is well on her way to being able to meet the goals set for her and her baby.

Recognize that a peer counseling program does not operate in a vacuum. Local WIC clinic staff must continue to give accurate and positive information about breastfeeding, not delegate all counseling to the peer counselors. Local providers must also give correct information and be willing to make referrals. Other community programs can reinforce peer counseling through positive messages to clients through their organizations.

SLIDE #3 **POTENTIAL PARTNERSHIPS**

WHAT TO TEACH: There are many potential partnerships that can enhance the effectiveness of a peer counseling program within the community.

BREASTFEEDING COALITIONS

State and local level breastfeeding tasks forces, coalitions, and lactation consultant affiliate groups are also valuable partners for helping to spread the word about the program to health providers and mothers in the community. Coalitions often also provide a rich “pool” of potential trainers and referral sources for peer counselors.

BUSINESSES

Some peer counselors work to establish relationships with community businesses and seek partnerships in promoting and implementing various breastfeeding support programs and activities in the community. These partnerships can include businesses such as key worksites that employ large numbers of WIC clients, department stores and banks, childcare centers, doulas, schools, and faith-based organizations.

COMMUNITY ORGANIZATIONS

Organizations that reach the same target population served by WIC are also ideal potential partners. Some of these can include the Early Head Start Program, which has a federal mandate to promote breastfeeding and whose staff often make home and hospital visits. Other potential partners include teen parenting groups and community service organizations.

COOPERATIVE EXTENSION PROGRAM

The State's Cooperative Extension Program can be an invaluable partner in sharing funding and administrative responsibilities. If this is not possible, local Extension program educators can still be brought into the process by attending breastfeeding trainings so that they will also give correct information to new mothers. Because these educators are often in the homes of new mothers, they can tell clients about the peer counseling program and refer mothers who need assistance.

INTERNATIONAL LACTATION CONSULTANT ASSOCIATION (IBCLCS)

The lactation consultancy profession is growing by leaps and bounds, which means that there are increasing numbers of board certified lactation consultants who may be willing to provide initial training to your peer counselors or short training modules at monthly staff meetings on lactation management topics that peer counselors are encountering. IBCLCs can also act as an important link in the referral system for mothers who are experiencing difficulties with breastfeeding. Peer counselors should never be left to feel they are "on their own." Introducing recognized experts who can do the high risk follow-up with mothers and babies facing difficult situations, and who can be available to answer questions of peer counselors, is invaluable.

How to find IBCLCs? The International Lactation Consultants Association provides a "Find a Lactation Consultant Directory" with available IBCLCs who are skilled in particular areas of lactation management. Go to www.ilca.org to access the "Find a Lactation Consultant Directory." IBCLCs can also generally be found at many hospitals or through local breastfeeding coalitions.

LA LECHE LEAGUE

La Leche League, an international mother-to-mother support program, was the original group to apply the concept of peer counseling to breastfeeding. La Leche League groups are found throughout the country. A search at their website, www.lalecheleague.org, will reveal available leaders in your community. La Leche Leaders are important links to the community by providing referrals of WIC mothers needing follow-up assistance from WIC. Mothers who do not meet WIC eligibility criteria can also be referred to La Leche League for follow-up help and assistance.

SLIDE #4

POTENTIAL PARTNERSHIPS

WHAT TO TEACH: Setting up a partnership with local providers gives your program an added boost in building program credibility and facilitating referrals of mothers who need follow-up care.

HOME VISITING PROGRAMS

Consider partnerships with other home visiting programs that see WIC clients in the home. Providing training for these staff can be instrumental in building confidence in their ability to make appropriate breastfeeding assessments of mothers and infants. These programs may also be willing to make referrals to peer counselors, and even to allow peer counselors to accompany them on home visits.

PRIVATE CLINICS

Establishing a referral network with private clinics, particularly those that service large numbers of low-income clients, is an ideal way to strengthen a peer counseling program. Local clinics can assist by making recommendations of potential peer counselors and setting up a referral program to assure that mothers do not “fall through the cracks” if they are experiencing difficulties. If the WIC Program provides breast pumps, this information should also be routinely disseminated to private clinics so that appropriate referrals can be made. Peer counselors should be fully trained in how to make appropriate referrals to area health providers, as well, and should be taught how to handle misinformation they believe has been given to a client by a health professional. In some communities, private clinics serving large numbers of WIC eligible clients will even allow peer counselors to visit with pregnant and breastfeeding clients on busy clinic days.

LOCAL HOSPITALS

The same is true of local hospitals. The most critical weaning period for WIC breastfeeding mothers is the first 7 to 10 days postpartum. Nearly half of WIC mothers begin supplementing by the 2nd week and, often, they do not return to WIC for follow-up nutrition counseling and help until after they are already well on the way to weaning. A referral program that provides seamless follow-up care from hospital bed to home is vitally important. Be aware that it is not as easy as it may have once been to establish a referral program due to confidentiality laws. Each WIC State or local agency must work independently with hospitals in your community in setting up a referral program.

SLIDE #5

QUOTE:

We have a really good relationship with the lactation consultants here at the local hospital. It is wonderful to have this kind of relationship. We are all striving for the same thing, and that's to help moms.

– WIC Peer Counselor

SECTION 11 STRATEGIC PLANNING



TIME: 2 hours

- OBJECTIVES:**
1. Identify
 - a. Necessary elements of an implementation plan; and
 - b. Allowable costs for using the peer counseling funds.
 2. Develop at least two State or local agency specific strategies to either:
 - a. Implement a new peer counseling program in a WIC State or local agency; or
 - b. Enhance an existing peer counseling program in a WIC State or local agency.

SLIDE #1 STRATEGIC PLANNING

SLIDE #2 DEVELOPMENT OF AN IMPLEMENTATION PLAN

WHAT TO TEACH: As you know, in accepting the peer counseling funds State agencies are required to develop an implementation plan that is consistent with the components of a successful peer counseling program as set forth in today's training. Those State agencies that currently have peer counseling programs are required to submit a plan that describes how they are administering the program consistent with these components.

SLIDES #3-4 WHAT TO INCLUDE IN AN IMPLEMENTATION PLAN

WHAT TO TEACH: In reviewing your implementation plans, we'll be looking to see that they adequately demonstrate plans for components of a successful peer counseling program, including:

ADEQUATE PROGRAM SUPPORT FROM STATE AND LOCAL MANAGEMENT

- Designation of peer counseling program manager/coordinator
- Training of appropriate State/local peer management and clinic staff
- Establishment of program policies and protocols
- Defined practice parameters and job descriptions
- Adequate compensation and reimbursement of peer counselors
- Supervision and monitoring of peer counselors
- Evidence of building teamwork with WIC staff
- Partnerships within the community

SLIDES #5-6 WHAT TO INCLUDE IN AN IMPLEMENTATION PLAN

WHAT TO TEACH: In your implementation plan we'll also be looking that you demonstrate plans for:

ADEQUATE SUPPORT OF PEER COUNSELORS

- Timely access to breastfeeding coordinator, lactation consultants and other referral resources for immediate assistance with problems outside of peer counselor job parameters
- Opportunities to meet regularly with other peer counselors
- Regular, systematic contact with supervisor
- Participation in clinic staff meetings as part of the WIC team
- Training and continuing education of peer counselors

SLIDE #7**PROGRAM FLEXIBILITY**

WHAT TO TEACH: WIC State and local agencies have the flexibility to develop, implement, or enhance their breastfeeding peer counseling programs in ways that are appropriate for the needs of their agencies and communities as long as these components are included. The curriculum handouts provide a detailed checklist that will provide guidance in developing your implementation plan.

SLIDE #8**FUNDING AND EXPENDITURES**

WHAT TO TEACH: Let's take a few minutes to review Congress' intent for providing the peer counseling funds. In fiscal year (FY) 2004, 14.9 million dollars were appropriated to support peer counseling in WIC. The funds enable State agencies to implement or expand peer counseling programs. In authorizing the funds, Congress directed that expenditures under this initiative were not to be counted toward meeting the one-sixth education and breastfeeding target requirements. Therefore, State agencies cannot count expenditures from the breastfeeding peer counseling funds toward either their breastfeeding promotion and support target, or the one-sixth nutrition education requirements.

Those State agencies that already have a peer counseling program funded with their NSA grant or other funds can use these new peer counseling funds to enhance that program as long as the funds are used for an approved implementation plan. You can continue to count your peer counseling program expenditures toward the breastfeeding promotion and support target, but not those expenditures that are paid for through these special peer counseling funds.

SLIDES #9-10**FY 2004 PEER COUNSELING FUNDS ALLOWABLE COSTS**

WHAT TO TEACH: Allowable costs include compensation for peer counselors and designated peer counselor managers/coordinators; related costs such as training and telephone expenses for participant contacts; travel for home and hospital visits and training; recruitment of peer counseling staff; and the purchase of demonstration materials

(for example, breast pumps and breastfeeding aids for demonstration purposes; videos for peer counselors to use with WIC participants).

SLIDES #11**FY 2004 PEER COUNSELING FUNDS NON-ALLOWABLE COSTS**

WHAT TO TEACH: Items and materials for distribution to WIC participants are not allowable costs under this funding and should instead be purchased using regular NSA funds.

SLIDE #12**DEFINITION OF PEER COUNSELOR**

WHAT TO TEACH: And finally, for the purposes of using these funds, it is important that we define what we mean by peer counselor. Peer counselors fall under the general category of paraprofessionals – those without extended professional training who are selected from the group to be served and are trained and given ongoing supervision to perform some key function generally performed by a professional.

SLIDE #13**QUOTE:**

The idea at the heart of a peer counseling program is that as peers these mothers have an ability to help and influence other mothers in ways that health professionals do not.

SLIDE #14**IDEAL PEER COUNSELOR QUALIFICATIONS**

WHAT TO TEACH: To summarize the important criteria to look for in hiring breastfeeding peer counselors in WIC that we heard about in today's training, the ideal peer counselor has the following qualifications:

- Enthusiasm for breastfeeding
- Basic communication skills
- Previous breastfeeding experience
- Similarities with WIC participants served
- Current or previous WIC participant
- Similar ethnic background
- Similar age
- Same language spoken

These are the ideal criteria for a peer counselor, but we realize that these criteria may need to be flexible based on the particular needs of a community or local agency. However, we do want to clearly define what a peer counselor is not.

SLIDE #15**PEER COUNSELORS ARE NOT REGULAR WIC STAFF**

WHAT TO TEACH: Peer counselors can be considered “adjuncts” to regular WIC staff, meaning that they assist but do not replace staff, and that they provide services that are outside the scope of regular WIC staff. There is a clear distinction between regular WIC staff and peer counselors.

SLIDE #16**PEER COUNSELORS PROVIDE UNIQUE AND SPECIAL QUALITIES AND SERVICES**

WHAT TO TEACH: It will help to look again at the qualities and services that peer counselors provide that are special and that add valuable benefits to other breastfeeding promotion and support activities.

Peer counselors:

- Are women in the community with personal breastfeeding experience who model and provide breastfeeding information and support for other mothers
- Provide breastfeeding help outside usual clinic hours and outside the WIC clinic environment
- Fill the gap in services after hospital discharge to achieve seamless continuity of care

SLIDE #17**PROGRAM DEVELOPMENT PLANNING**

INSTRUCTIONS: The group will break into small groups by State/local agencies. Groups will be provided one of two sets of worksheets.

WIC agencies that do NOT currently provide peer counseling will use Worksheets #A1-A4, which provide checklists of items to discuss and consider in implementing a new peer counseling program.

WIC agencies currently providing peer counseling will use Worksheets #B1-B3, which provide checklists of items to discuss and consider in enhancing existing peer counseling programs.

SLIDE #18**CLOSING REMARKS**

In concluding the training session, be sure to cover such areas as:

- Evaluations
- Continuing education procedures
- Certificates of attendance
- Follow-up plans to the training
- Appreciation for participation